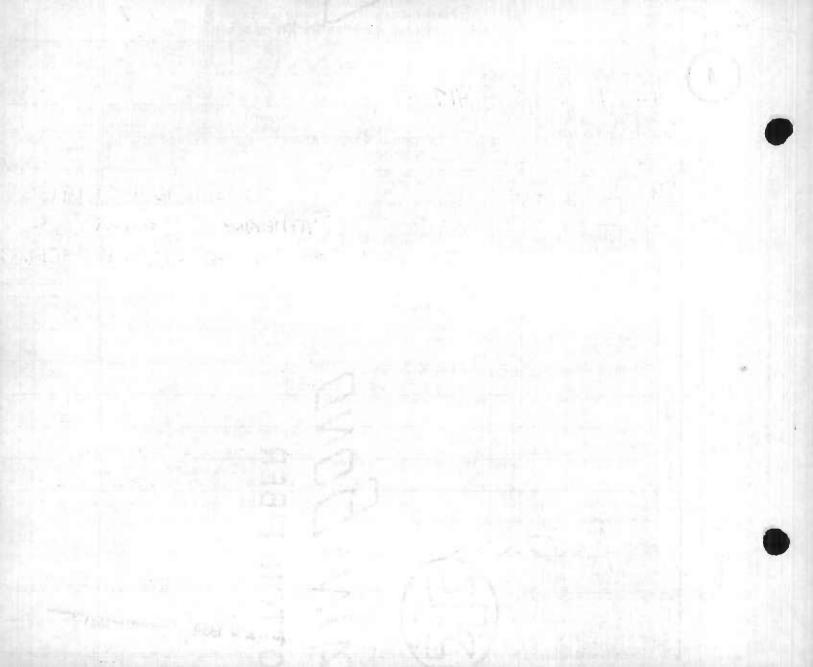
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE MEDICAL EXAMINER'S REGISTRAN DECEASED NAME 26 HOUR 20 DATE KNOWN X MONTH DAY (THE CRIMIN) ESTI-DEATH MATED COLE **ADAMS** 10 22 1984 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE OF BIRTH DATE PRONOUNCED 1984 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's County WIDOWED [DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Cheverly Prince George's Gen. Hosp. S HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 13e STREET ADDRE 13c CITY OR TOWN HIDDIE ME WAS DECEASED EVER IN U.S. ARMED FORCEST 66. SOCIAL SECURITY NO THE HO, OR WHITHOWN I OF HEL CAR WAR DEDATES APPROXIMATE INTERVAL ** CAUSE OF DEATH (Enter only one couse per line lar (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Thoraco-abdominal trauma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Congestive heart failure THE DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESX NO TIR EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) UNDERLYING XOR HOUR MONTH DAY YEAR 3:14 M 10-22-19 84 Driver of pick-up truck/auto collision. CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY LATHOUR 211 LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK I-95 no. of Livingston Rd., Prince George's road Md. 220. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Homicide L death resulted from: Notural causes Undetermined manner TITLE (SPECIFY) ACTUAL ASSISTANT MEDICAL EXAMINER 10-24-84 SIGNATURE Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 1256 ACUISTRAR'S SIGNATURE H FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/82



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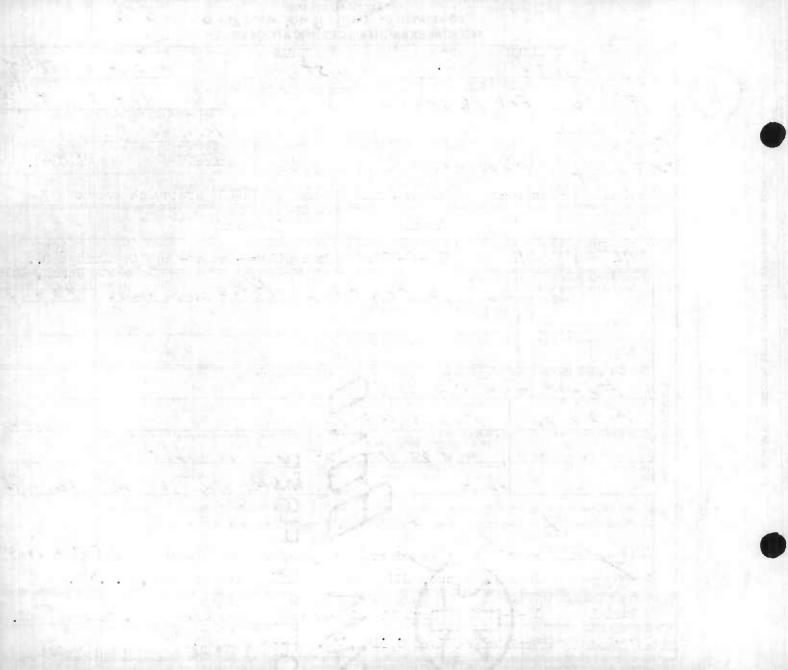
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STATE OF MARYLAND



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He B		22b. SIGNATURE	3 /	/		DEGREE		DISTRIBUTE N		220	DATE SIG	NED
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LUIS A. CASAS MI

23a. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Cremation

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -

CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

FOR - STATE

REGISTRAR

Oct.12,1984 Ft. Lincoln Cemetery Brentwood Maryland

REG. NO.

DAY

26 HOUR PM

F. Gasch's Sons F.H. P.A. Hyattsville, Marylan

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) October 21, 1984 Maggie BATLEY 4:45 PM Duncan 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 3 SEX MONTHS DAYS HOURS MONTH YEAR Female Black 1912 Aug. BALTIMORE CITY OR COUNTY OF DEATH A. BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's COUNTRY U.S. Louisianna WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 17b KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Lanham Doctors' Hospital of Pr. Geo. Co. Housewife None BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 30 STATE 130.STREET ADDRESS / ZIP CODE 113b COUNTY 13d. INSIDE CITY LIMITS? 7423 Calder Drive. Md. P.G. Capitol Hohts 20743 YES X 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE John Duncan Hattie Sumler ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Md. (IF YES GIVE WAR OR DATES) Ewendolyn Crockett/7423 Calder Dr. Cap Hohts No 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NODA YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death DEGREE 22c DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN THE THIS MANE (TYPE OF PRINT) 77s ADDRESS John Theobalds M.D. 9811 Mallard Dr., Laurel, Md. 20707 shoul with 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE STATE CITY OR TOWN (SPECIFY) D.C. Lee's Crematory Washington, BP Cremation 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 4217 9th St., NW

MARSHALL FUNERAL HOME Washington, DC 20011

DHMH - 16 50M 4/83 (VRA 15, 4)

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G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

Wash. T.C.

Washington x

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Charles T. Marthelomew Minnie T.

Warthelomew Minnie T.

Will 577-32-5110 Marwaret V. Fartholos ew Fame as item 13

Furial 10/11/6h Ft. Lincoln Cemetery Frentwood

G.F. Talas 6150 xon Hill 6. (xon Hill, 16.

STATE OF MARYLAND

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TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		22a I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Natural ca	to P	ribed abave, held a Accident rigu M	Suicide M	Homicide Deputy	Inquiry Undetermined manner MEDICAL EXAMINER ayburn Ct.,	ond in my opin DATE SIGNED Temple H	10-5-84
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DHMH - 17 (VR A15 ME (5)) 20M 4/82	-0.0	N. Horto	n Co.	ADGRESS 60	0-Kenned	y St.		TARFO	na Davidson	-Mandalle

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	22d. PHYSICIAN'S NA		DE L	.147		120 ADDRESS	LANCE	2 Pr Deve	LA	HEEZ MO	20810

DHMH - 16 50M 4/83 (VRA 15, 4)

burial-transit permit. Then

MPORTANT: If them 21 is marked or TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept of Health

> 24 FUNERAL DIRECTOR FLECK FUNERAL HOME INC.

230 BURIAL, CREMATION, REMOVAL ISPECIFY) Burial

Md. Nat1. Mem. Pk. Lauret, Maryland OCT IE 8 BY REGISTRAR 256. REGISTRAR'S SIGNATURE

7601 Sandy Spring Rd. Laurel Md

10/19/84

STATE



executed within 24 hours after

death certificate be

OR ATTENDING haspitol

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1	-	STATE
		DECKTRAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN

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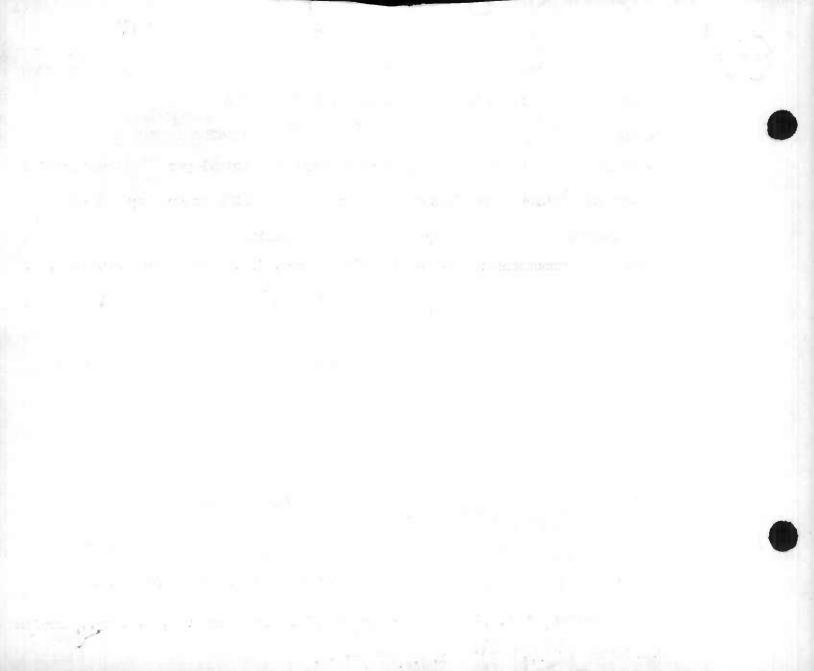
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4	M ALL ACCIDENT WAS	INDERIVING TO 215 TIME OF	E INTUIDY	21. HOW INJURY OCCUR				110
	OR CONTRIBUTION F	L			KED (ENTER NATURE OF IN)	OKY IN ITEM 18	PARTIOR PART 2)	
7	IF EITHER NOTIFY M		۸.	>				
1	(IF EITHER NOTIFY M		OF INJURY					
	WHILE NOT	WHILE T	EET FACTORY, OFFICE FARM, ETC.)	STREET	CITY OR T	OWN	COUNTY	STATE
- 1	AT WORK AT	WORK						
- 1	220 L certify that	(I) (this hospital) attended the	deceased Iron X 50	CAT 10 X 81	10X 8 Oct		19 84	that (I) (we)
					death occurred on the	data and he		
- 1	obove, (1) (we		olter death.		death decorred on the	dore ond ne		
- 1	226. SIGNATURE	CAROL A RUI	PE MD	DEGREE			22c. DATE	SIGNED
	V -	1 1210		ATTENDING _	MEDICAL ST.			
	X	annoyal	yelle	POLICIAN E	_ DIRECTOR PHYS	ICIAN		
	274 PHYSICIANIS	THE SEPTEMBER	CAMPL No mark	726 ADDRESS				
	V Car	C) ABRUSEN	Family Practice	Crow HSAF Med Cir				
-			183-54-3Z45 Billi		1234 LOCATION	-		
	(SPECIFY)				CITY OR TOWN		COUNTY	STATE
	Cremation	October 11,	1984 Lee's	Crematory	Clinton,	Marv	land m	1.00
	24 FUNERAL DIRECTOR			(S) (DA)	E MCB BYRES IRA	R 256 RECH	STRAR 9915TVAT	Misson.
3	NAME	ite i mittai	ALDRESS	001	10 1304			

DHMH - 16 50M 4/83

BP.

(VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland





STATE OF MARYLAND

and following and following the lead of Martin The medical action within a Test and Te Or chemistry on the contract of Liberted State Landing S. 130 PERS Dr. in 124

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN X O DATE (TYPE OR PRINT) John N.M.I. Biondi DEATH MATED Sept. 1819 84 4 RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS . SEX 5. DATE OF BIRTH DATE PRONOUNCED PRONOUNCE P LAST BIRTHDAY Male White 1920 64 O BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED INEVER MARRIED FOREIGN COUNTRY) Prince Georges County New York City WIDOWED [DIVORCED RS AFTER DEATH, IF CALLED AND 3 TO THE FURTHER PAGES 1, 2, AND 3 TO THE FURTHER PAGE 1. PAGES 1 AND 2 SHOULD BE FILED AND SEVITAL PRECORDS, 201 VIOLED AND SHOULD BE FILED AND SEVITAL PRECORDS. 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Mt. Rainier 3502 Newton Place Hotel Worker Hay-Adams JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c CITY'OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3a STATE Maryland Pr. Geo. Mt. Rainier NO [3502 Newton Place 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Unknown Josephine Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. DIVISION Evelyn M. Biondi - Wife Same as 13e WW TT 579-10-5216 Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) CATE, WRITING THE WURD FREE EXAMINER PROCESSES FOR A PORTION FOR SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. DAILS OF PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Acute Myocardial Infarction IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO DE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING TAUSE OF DEATH 21d. INJURY OCCURRED 71F LOCATION 21e PLACE OF INJURY (ATHOME. EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DEE BALTIRODEE, MARYLAND, 21201 PF AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OF TOWN Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Natural causes Suicide Hamicide _____ Undetermined manner TITLE (SPECIFY) 9/19/84 ACTUAL M.D. Deputy SIGNATURE ___MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S. ADDRESS Silver Spring, Maryland John S. Rogers 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE (SPECIFY) 9-21-1984 Burial Md. Vets. Cemetery Cheltenham BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Francis Gaschs Sons, P.A. Hygttsville, Md. 20M 4/82

so the third water a through . T. L.E. Market to Must be at author of A . S . S . S . ytil me are Target Control Later to the control three there The second control of the second of the seco will the think will a Problem of the The configuration and anticular eventures (shell be the last) to the last to the configuration of the configuratio Eponote conclessions. U.S. Systematic State of the Concentration of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR REG. NO. DECEASED NAME Sarah 20. DATE KNOWN MONTH DAY 76 HOUR COVER CHEMICAL OF ESTI-DEATH MATED 1908 6. AGE (IN YEARS | IF UNDER 1 YR. 4 RACE IF UNDER 24 HRS 2c. DATE PRONOUNCED White DEAD BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Pennsylvania WIDOWED X DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) DIVIE Retired Education 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS neeton Mercer IL TATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Charles Robert Dunlap Ella Philips 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS IYES, NO, OR UNKNOWN) I LIF YES, GIVE WAR OR DATEST Evelyn Bird Fleshman 234-64-6499 same as 13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO A 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. If LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinian Inspection death resulted from Notural couses Accident Hamicide L Undetermined manner Suicide L TITLE (SPECIFY) PAGE 4 TO FUNERAL AFTER DEATH. DATE M.D. Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRES 5009 Rayburn Ct., Temple Hills. Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR Oct 30 1984 Keyser-Bryant Crematory Beckley, West Virginia Cremation 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 16000 Annapolis Road **DHMH** - 17 owie, Maryland 20715 (VR A15 ME (5)) Beall Funeral Home 20M 4/82

w William Lingston Comment The manufacture of the control of the second dist an error handerie statt arrivat garadardes Common D. nominaliza facility of the State Bayenin Ct., a city and a restrict for 30 194 Mayor - Dryant Arms on a command to the contract Bergins II tone 1982 IV (III) burdenik (1991) Ivania Irania III)

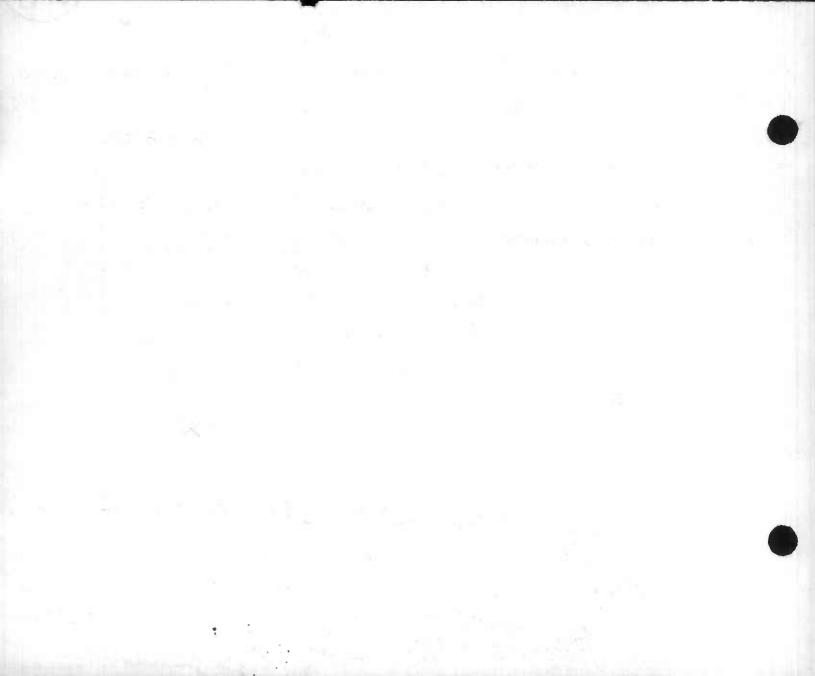
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME FIRST TBBV 20. DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-BIRTMAN 4. RACE DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED APRIL 15,1907 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR LALLMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED RUSSIA U.S.A. WIDOWED XX DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUT OWN HOME CHEVERLY ISUAL RESIDENCE (IF IN NURSI zip----20770 PRIMOE 13e. STREET ADDRESS G RESEARCH ROAD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MICCLE PHILLP KASTEN VETTA (UNASCERTAINABLE) 16b. SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRES 18 57th AVENUE MRS. EUNICE BURTON. 524-50-2759 BERWYN HEIGHTS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) MARY LANDIERVAL levatio Cardioloros cus PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NO A 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE AT WORK COUNTY EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALLIMORE, MARYLAND, 220. I certify that I took charge of the remains rescribed above, held an Inspection and in my apinian death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME ADDRES 5009 Rayburnn Ct., Temple Hills. Md. Augusto P. Rodriguez. M.D. PRINCE COUNTY MOUNT LEBANON CEMETERY BURTAL 10/9/1984 GEORGE'S MARYLAND MEMORIAL FUNERAL HOME 25q. DATE REC'D, BY REGISTRAR **DHMH** - 17 232 CARROLL STREET, N. W., WASHINGTON, D. C. Davidson-Gandall (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

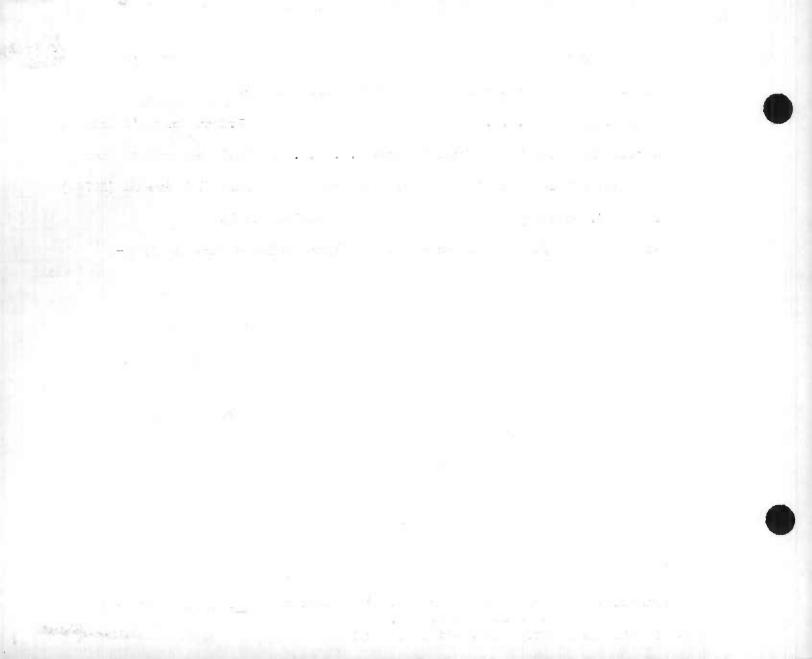
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STATE OF MARYLAND



1	-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 2 8 A	o.	9	
		EASED NAME FIRST JOYCE	MIDDLE	D.C	DWLES	2a. DATE OF DEATH	MONTH	30 884	26. 18 34 F
3	SEX	JUICE	I4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		# UNDER TYEAR	# UNDER 24 HRS
1		emale	Caucasian			50	YRS	MONTHS DAYS	HOURS MINL
. 7a	BIR	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 0	D A NEVER MARRIED	9. BALTIMORE CITY O	R COUNT	Y OF DEATH	
V	Vas	shington, DC	U.S.A.	WIDOWE		Prince Ge	orge	's Count	V. MD
10	CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	12a. USUAL OCCUPATE	NC	12b. KIND O	F BUSINESS OR
-		drews Air Ford		Grow	U.S. A.F. Hos	pital Home	make		
13			or other institution, give residence before unity 134. City or town a George S New Ca		13d INSIDE CITY LIMITS?	6228 87th	ZIP COD Aveni	e (2078	34)
p 14.	FAT	HER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS1	
0	TI	nomas H. Sanst			Evelyn S	teele		(ASI	
16	a W	AS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	SS		
	Ŋ	S. NO OR UNKNOWN) (IF YES O	A 578-44-9	492	William Bowle	s - Same As	#13	A-E	
30		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE TO OR AS A CONSEQUENCE OF THE ORDER OF	JENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GI		MATE INTERVAL ONSET AND DEATH
7 3	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
						YES NO	Y	ES 🗌	NO 🗌
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINATION)	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM IS	PART OR PART ?}	
A CICERO	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
	1		pital) attended the deceosed from 30 0 ct 19 nat) view the body after death.	84 .01	nd that in (my) (bur) opinion o		ote and ha		
	1	Donald W.	Kumbanh		ATTENDING PHYSICIAN	MEDICAL STAF		30	octsy
		D RUMBAUC			MGMC				
	Cr	URIAL, CREMATION, REMOVA	November 3, 1984	Lee		Clinton			STATE
			erry Road, Clinto		ryland NO	REC'D. BY REGISTRAR V 9 1984	Tulia .	DEVISOR A	onplases.



STATE OF MARYLAND

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13c-q per I	ph. 11/8/84		RTMENT OF HEAL	MARYLAND TH AND MENTAL H CERTIFICATE O	No. 1	8
1. DECEASED	NAME FIRST	MIDDLI		OYD	20. DATE KNOWNX	
3. SEX Female 7a. BIRTHPLA FOREIGN CO	Black CE (STATEOR 76	DATE OF BIRTH MONTH DAY YEA JULY 14 CITIZEN OF WHAT CO	AR LAST BIRTHDAY MC		MIN. PRONOUNCED DEAD 9 BALTIMORE CITY O	10 25 19 84 4:51 p A
Mary	land	Prince Ge	NURSING HOME, OR CONTROL OF CONTR	DWED NORCE	PG 120 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) HOUSEWIFE	OF WORK 17b. KIND OF BUSINESS OR INDUSTRY
USUAL RESID	DENCE (IF IN NII) OME OR O' OUNTY	13c. C	ENCE BEFORE ADMISSION) CITY OR TOWN Wash. D.C	13d. INSIDE CITY LIMITS? YES NO 1	A Street SE.	99999
Tom			SOCIAL SECURITY NO.	Laura Ra	ay 11 Thaveradass	enue
PA Co	NUSE OF DEATH (Enter only a RT I DEATH WAS CAUSED BY IMMEDIATE (anditions, if any, which are rise to immediate ause (a) stating the <u>under-</u>	CAUSE (a) DUE TO, OR AS A (b)	14 03 6174 (b), and (c).) eriosclerot CONSEQUENCE OF		ne Gregory-da	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 (OTHER SIGNIFICANT CONDITIONS CON		RELATED TO THE TERMINAL DIS		XI 1 (a).	20 AUTOPSY?
CONTI	CTERNAL CAUSE WAS RLYING OR OR RIBUTING CAUSE OF DEA JURY OCCURRED CONTROL OR AT WORK	21b. TIME OF INJUR HOUR A.M. MON ATH P.M. 21e. PLACE OF INJUSTREET, FACTORY, FAI	NTH DAY YEAR 19 URY (ATHOME, 211	HOW INJURY OCCURRED	O B MATILIM YAULIM TO SAUTAM ASTMA) C	YES NO PART 1 OR PART 2) COUNTY STATE
death ACTU ACTU EXAMI (TYPE (Licertify that I tack charge an resulted fram: Natural of the Natu	o P. Rodrig	ent , Suicide		Undetermined manner	DATE 10/26/1984 SIGNED 1e Hills, Md. , Maryland STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔍 - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) John DEATH MATED 4 RACE IF UNDER 24 HRS DATE 14 HOUR LAST BIRTHDAY) PRONOUNCED DEAD a BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEAT EVER MARRIED Prince George's Washington. D.C. U.S.A. WIDOWED [DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 18 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Fire Inspector-Ret. D.C. Fire Dep Camp Springs 20748 1136 COUNTY 13d. INSIDE CITY LIMITS? 6560 Beechwood Drive Prince George's Camp Springs Maryland YES IC 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Unknown Unknown John Brahler 160 WAS DECEASED EVER IN U.S. ARMED FORCES THE SOCIAL SECURITY NO 17. INFORMANT 6560 Beechwood Dr. (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 579-10-6303 Barbara B. Brahler No Camp Springs. Md. CAUSE OF DEATH (Enter only one couse per l (b), and (c).) PART I DEATH WAS CAUSED BY: MENTAL HYGIENE N. OR REMOVAL IMMEDIATE CAUSE DUE TO CHAS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. ED AS A BUR HEALTH AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED DIVISION OF VITAL MARITING WARDED TO THE PAGE 3 SHOULD BE US STATE DEPARTMENT O YES 🔲 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WORLE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAR DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC) CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains Missibed obove, held on Autopsy Inspection ond in my opinion deoth resulted from: Notural course Accident Homicide Suicide Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. 5009 Rayburn Ct., Temple Hills, Md. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 10/9/84 Burial Clinton Resurrection Cemetery P.G. Maryland BP 24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURED? **DHMH - 17** George P. Kalas Funeral Home Oxon Hill, Md. (VR A15 ME (5))

20M 4/82

Ashiogton, N.C. I.S.A.

Comp Springs

Strings X 6560 Leechwood Drive

Strings X 6560 Leechwood Drive

John Jrahler Unknown Unknown

No 579-10-6303 Larbars B. Branler Comp Springs, Nd.

Resumment. Sodmirener, M.O. . . 5009 sayings Ct., temple bills, bu.

Furial 10/9/84 Resurrection Cemetery Clinton F.G. Maryland 6100 (nor mill RG. eorge . Folgo uneral Home (nor mill, Md.

70		FOR	
-	-	STATE	

STATE OF MARYLAND

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Ö	3	U	-

1		REGISTRAR						REG.	NO.		
		CEASED NAME	FIRST	MIDDLE	ı	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
9		OR PRINT)	Arthur	С		tting	ham	Octobe			6:00pm
١	3 SE)	Male	4 RACE	hite	5. DATE C		Íô	6 AGE (IN YEARS LAST		MONTHS DAY	
6	7a. BII	RTHPLACE (STATE OR FO	REIGN 76. CITIZEN	OF WHAT COUNTRY?	8. MARRIE	D X NEVER	MARRIED -	9 BALTIMORE CITY	OR COUN	ITY OF DEATH	
1	1	PA	US		WIDOWE		NORCED			rge's	
0		TY OR TOWN OF DEAT Suitland		OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET A Skyline	ODRESS)			TYPE OF WORK FOR MO	T OF WORKING	STIFE) INDUSTR	OF BUSINESS OR
6	13a. S	AL RESIDENCE (# NURSIN TATE MD	G HOME OR OTHER INSTITU 36 COUNTY PG	134. CITY OR TOWN Suitla	٧ _	13d INSIDE C	NO 🗌	13 STREET ADDRES			20746
0		THER'S NAME FIRST Arthur	MIDDLE	Brittingh	am	IS MOTHER'	S MAIDEN NA/	WE			nown)
1	16a V	VAS DECEASED EVER IN	U.S. ARMED FORCE (# YES, GIVF WAR OR DATE	S? 166 SOCIAL SECU	RITY NO.	17 INFORMA	ANT		Gam.	e as #	
		Conditions, if ony, gove rise to imme couse (0), stoting underlying couse PART 2. OTHER SIGNI	the DUE TO	D, OR AS A CONSEQUE		DEKORO DOT RELATED	TO THE JERM	INAL DISEASE OR CO	ONDITION	GIVEN IN PART	3791
0	CERTIFICATION	190. DATE OF OPERATION	ON 196 CC	Tuctup INDITION FOR WHICH	OPERATIO	N WAS PERFO	DRAND STE	200 AUTOPSY?	20b. IF \	YES, WERE FIND	DINGS USED
-	RTIFIC							YES NO		YES	NO 🗌
1	MEDICAL CE	21g, ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH HOUR	P.M.	Y YEAR	Iron	130	RED (FINTER MATURE OF I	VJURY IN TEM T	8 PART I OR PART 2	,
	MED	21d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK	(AT HOM	CE OF INJURY E, STREET, FACTORY, OFFICE, FA	RM, ETC)	21f. LOCATION STREET		CITY OF	TOWN	COUNTY	STATE
				10.9 191	416	nd that in (my)	(our) opinion o	, todeath occurred on the	dote ond h	19 Sul	e, that (I) (we) lost ne couses stated
		haut	IS Gel	Ceffin	Fin		ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [12c DAT	-10. Re
		Frank S		ni		27e ADDRES		h Ave. H	1110	rest H	ats Md
	23a B	URIAL, CREMATION, RI			AME OF C			23d. LOCATION			300 110

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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health. IMPORTANT: If Item 21 is

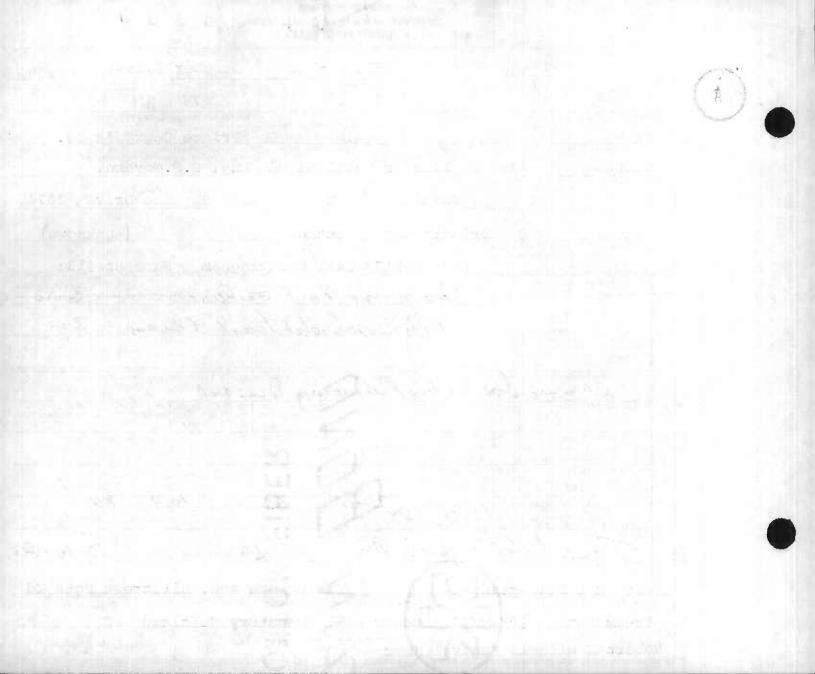
Cremation
24 FUNERAL DIRECTOR
Robert E W

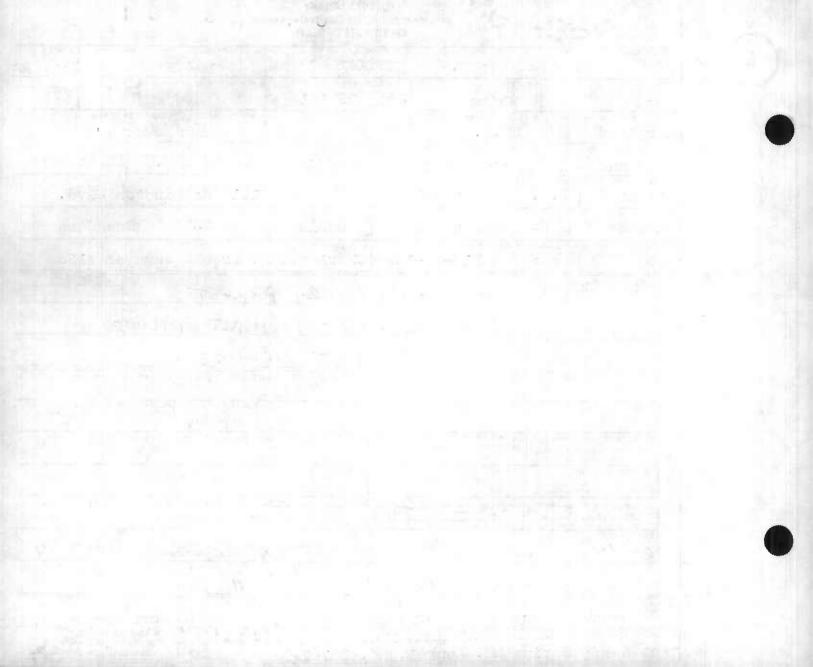
COUNTY PG

STATE MD

Suitland E Wilhelm Funeral Home MD

Cedar Hill





1	FOR STATE REGISTRAR	, , , , , ,	STATE OF MA RTMENT OF HEALTH A CERTIFICATE	AND MENTAL HYG	IENE 2 8 3 0	2
	1. DECEASED NAME FIRST (TYPE OR PRINT) Fannie	MIDDLE C.	Brown		20. DATE OF DEATH MONTH	1.28p.
1	3. SEX F	^{4 RACE} Blabk	S. DATE OF BIRTH	3 ^{AY} -21 ^{CAR} 21	6 AGE (IN YEARS LAST BIRTHDAY) 64 63 YRS	MONTHS DAYS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10 CITY OR TOWN OF DEATH	75. CITIZEN OF WHAT COUNT U.S.A.	MARRIED NE WIDOWED SING HOME OR OTHER	EVER MARRIED DIVORCED D	9. BALTIMORE CITY OR COUNT Prince George 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING U	s County MD.
0	Clinton USUAL RESIDENCE (IF NURSING HOME OF 13a STATE 13b. COUN		Hospital	SIDE CITY LIMITS?	Housewife 13. STREET ADDRESS / ZIP COD	
0	MD P.G		and YES 2		2310 Wyngate Ro	
/	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL S VE WAR OR DATES) 214-16-		ormant stine R. 1	Brown Suitland	
	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b) ED BY: TE CAUSE (o)		- Granana	team	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE (b) LOOK 1) DUE TO, OR AS A CONSE (c) NOME	OUENCE OF	abdomin	indanopasm not hueatesm> post surai caa	gate gate
X	PART 2 OTHER SIGNIFICANT OF THE PART OF TH	Tandin Ups alon 196 CONDITION FOR WH Angting 1816 TIME OF INJURY	HISTORD, A ICH OPERATION WAS A LORKING OF	attoresclorett PERFORMED Nominal anag	20g AUTOPSY 200 YE	A SPIRO SS, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO NO
1	OR CONTRIBUTING CAUSE OF DEL	AIR		CATION STREET	CITY OR TOWN	COUNTY STATE

10 -19 10 19 84 , that (I) (we) lost 22a I certify that (I) (this haspital) attended the deceased fram and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN M.D. 00. 27e. ADDRESS

1900 old Brand ch ntn

23d LOCATION
CITY OF TOWN
Baltimore 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) COUNTY Burial Mt. Auburn Cemetery

24 FUNERAL DIRECTOR ROLLINS FUNERAL HOME, INC. DHMH - 16 50M 4/83 NAME 4339 HUNT PLACE, N.E.

226. SIGNATURE

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

22c. DATE SIGNED

19/84

Maryland

WASHINGTON DC 20010

(VRA 15, 4)

shauld be detached far with the State Dept. of

MPORTANT

FUNERAL

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PIONS OF MOTOMERSAM

DHMH - 16 50M 4/83

(VRA 15, 4)

FOR - STATE

I DECEASED NAME

REGISTRAR

MALE

FRANK

P.G.

1922726 TEST

E.

WHITE

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

4. RACE

BROWNELL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5. DATE OF BIRTH

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

PGG HOSPITAL AND MEDICAL CENTER

LANDOVER

BROWNELL

APRIL

REG. NO 20 DATE OF DEATH 26 HOUR MONTH YEAR 84 5:05A M 10 IF UNDER I YEAR 6. AGE (IN YEARS LAST BIRTHDAY) 80

1904 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TYNEVER MARRIED PRINCE GEORGE'S COUNTY DIVORCED [

120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) SALESMAN

7002 ANNAPOLIS

INDUSTRY FURNTTURE

RD

UNK

20b. IF YES, WERE FINDINGS USED

COUNTY

22c DATE SIGNED

YES

IN CERTIFYING CAUSES OF DEATH?

NO F

STATE

13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

MARGARETB

NA ADDRESS

17 INFORMANT 166. SOCIAL SECURITY NO 577-05-3179 LUCY BROWNELL SAME

ISE OF DEATH (Enter only one couse per line for (a), (b), and (c).) T.I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0) Haide Wington bules	
ions, if ony, which (16) 1, echous 100 cels.	
or, storing the principle of the princip	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 110

SIRRET

PART 2

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR
III. INJURY OCCURRED	21e. PLACE OF INJURY	

211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2

20e AUTOPSY?

NO

CITY OR TOWN

NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes slated obove, (1) (we) (did) (did not) view the body after death DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

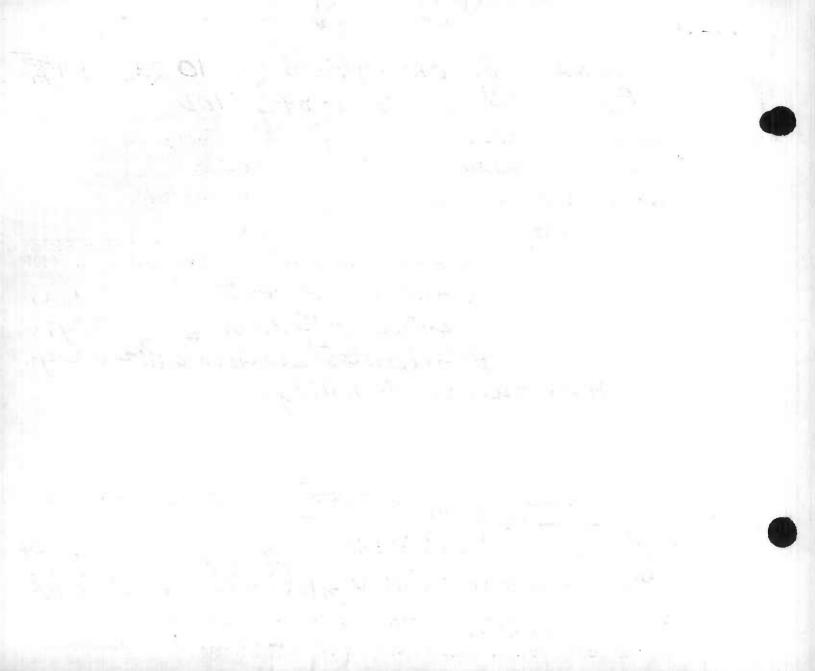
230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPEC BURIAL 19

23c. NAME OF CEMETERY OR CREMATORY CEMETERY 23d LOCATION CHELTENHAM

HALLES LANHAM F.H. 9013

ANNAPOLIS RD. LAHLAM

AND THE PARTY OF T The state of the s THE PERSON OF PERSONAL PROPERTY AND ASSESSMENT OF THE PERSON OF THE PERS



BP. DHMH - 16 50M 4/B3

(VRA 15, 4)

INPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other traumatic event, the medical exc

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

٦	-	REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. N	0.		
ŀ	1. DEC	EASED NAME	FIRST	٨	AIDDLE	l.	AST		20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
1	(TYPE	ORPRINT)	ALEX			BUCK	KUS			10 26	84	7 JUAM
ľ	3. SEX		4.	RACE , ~	,	5. DATE C			6. AGE IN YEARS LAST BE		IF UNDER I YEAR	# UNDER 24 HRS
J	1	nale		Whi	te	Man	121	EAR 7	67	YRS	ONTHS! DAYS	HOURS MIN.
	7a. BIR	RIHPLACE (STATE O	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARR	#FD []	9. BALTIMORE CITY	R COUNTY	OF DEATH	
4	1	PENNA		215	A.	WIDOWE			PRINCE GE	ORGES	COUNTY	MD.
4	10 CII	CHEVERL		(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS)	AL HOSPITA		12a. USUAL OCCUPAT	DE-WORKING LIFE		OF BUSINESS OR
t	USUA	AL RESIDENCE IT NO	URSING HOME OR O	THER INSTITUTION,	GIVE RESIDENCE BEFO	RE ADMISSION)						~ ~
1	13a. S	MO	136 0000	T a	13c. CITY OR TOV	Hulls	YES ON NO		130 STREET ADDRESS	mus	n) (á	20784)
1	14 FA	THER'S NAME	MI	DOLE .	D LAST		15 MOTHER'S MAI	IDEN NAM	AE MIDDLE		LAS	51
1	(Perge.	(/	WA)	Ducko	5	mar	4	(VA)	4	ACUAC	1.40
1		AS DECEAGED EVI	ER IN U.S. ARM		166 SOCIAL SEC	URITY NO.	17 INFORMANT	2	ADDR	ESS	11 10)
	9	120	Wa	J4	160-16	-1574	Mary	Dua	CUS (SAM	1813 F	#15	
1	1	18 CAUSE OF DEATH	ATH (Enter only WAS CAUSED	ane cause per	ine far (a), (b), a	nd (c).1	0.	-			BETWEEN	MATE INTERVAL ONSET AND DEATH
١		PARTI. DEATH	IMMEDIATE		respe	ratur	7 Me					
	100	SUNDAL D		DUE TO, O	AS A CONSEOL	JENICE OF			1 0		100	
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	11	cause (a), sta	iting the	DUE TO, OF	R AS A CONSEOL	JENCE OF			1 . 1.			
١		underlying cou	use last.	((c)	nen	MIC	elu	COM	deputh	1		
	Z	PART 2 OTHER SI		ondo	Λ Λ	DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR CO	DITION GIVE	N IN PART 1	a
H	ATIC	190 DATE OF OPER	- u			H OPERATIO	N WAS PERFORMED	0	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
7	CERTIFICATION								YES NO	IN CERTIFY YES	ING CAUSES	NO [
	CER	21a ACCIDENT WAS I		216. TIME O	FINJURY M. MONTH (DAY YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT OR PART 2	
	CAL	OR CONTRIBUTING	_	P./		19	1777 Bad					
1	MEDICAL	21d. INJURY OCCU	JRRED	21e. PLACE (OF INJURY	EARM FIC	21f LOCATION STREET		CHYORIC	OWN	COUNTY	STATE
1	2	AT WORK AT	WHILE .								e	
4	714	22a 1 certify that				10	1/2 19	24		1		that (I) (we) last
1	3	sow the dece above (N (we	osed alive an_) (did) (did not)	view the body	after death.	87, an	d that in (my) Lour)	opinian'd	leath occurred on the a	ate and hau	and from the	causes stated
1		226. SIGNATURE	9		0		DEGREE	IDING	MEDICAL STA		22¢ DATE	SIGNED
		XXI	26		~		PHYS		MEDICAL STA			Section 1
		124 HYSICIAN'S	NAME (IVEFOR	hen	un		The ADDRESS	4	. lol	1 (1	1111
		Zercog					6001	4	The same	60	-6.6	4-160
	23g B	URIAL, CREMATIO	N. REMOVAL	236 DATE	10c/ 13c	NAME OF C	EMETERY OR CREM	ATORY	73d TOCAHON CITY OR TOWN		COUNTY	A) HIE
	24 FU	INEKAL DIKECTOR	Crv	M/60	10/1	CCC	11.1-	250 DATE	REC'D. BY REGISTRAN	256. REGISTR	AR'S SIGNAT	TURE
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BP. DHMH - 16 50M 4/ (VRA 15, 4)

	1.	FOR STATE	DEPAR	TMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG	iene2 8 3	0 7	
	1 000	REGISTRAR CEASED NAME FIRST	MIDDLE		ICATE OF DEATH	REG. NO		2b. HOUR
		OR PRINT)	170			Ze DATE OF DEATH	NOTE DATE TEAM	ZB. HOUR
1	3 SEX	Enriqu	F. F.	Bur-		6. AGE IN YEARS LAST BIRTI	10 19 84 HDAYL FUNDER I VEA	R IF UNDER 24 HRS
	3 367		* NACE		p.15,1897	87	MONTHS DAYS	
n	7a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8		9 BALTIMORE CITY OF		
10		Oklahoma	U.S.A.	WIDOW	D NEVER MARRIED DIVORCED	Prince Ge		m tray MD
73		ty or town of DEATH verdale	Leland Memor	SING HOME		12a USUAL OCCUPATION	N 12h KIND WORKING LIFE INDUSTRY KDINGST - U	OF BUSINESS OR
36	USU A 13a. S	TATE 13b COUR	ROTHER INSTITUTION GIVE RESIDENCE BERINTY 136. CITY OR TO	WN	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADORESS /	zip code amestown	Rd.20782
lane/	14. FA	THER'S NAME	MIDDLELAST		15. MOTHER'S MAIDEN NAM	ME	/ 1	ASI
19		Luther	Burton		Rose		(Unkn	
	16a W	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) YES, GIV	RMED FORCES? IVE WAR OR DATES) 166 SOCIAL SEC		Taylor Bur	ton = P1	Springfie	kadilly
			inly one cause per line for (a), (b),		1 203 201 - 01	11.00		DXIMATE INTERVAL N ONSET AND DEATH
Ven,		PART I. DEATH WAS CAUSE	ED BY: ATE CAUSE (0) Card	inve	Spiratory O	rrest	BC) W()	NONSET AND DEATH
9 0150		IMMEDIA	DUE TO, OR AS A CONSEC	LIENCE OF	1	,		
0		Conditions, if any, which	(16) Poss	chec	Portor	ated h	cer	
		gave rise to immediate cause (a), stating the underlying cause last.	due to, or as a consec	DUENCE OF	Pebbe h	deerdi	reade	
الرام الم	NOI	PART 2 OTHER GIGNIFICANT	conditions contributing to	ation	not related to the term admis.	Sinal Disease OR COND		rcinama Prostate
9	CERTIFICAT	19a DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	YES NOT	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
	CERT	210 ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR			
1		OR CONTRIBUTING CAUSE OF DE.		DAY YEAR	to the second			
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		211 LOCATION STREET	CITY OR TOV	NN COUNTY	STATE
E		220.1 certify that (1) (this haso)	oital) attended the deceased from	10-	17- 1984	10 /0 - /	9- 1984	that (I) (we) last
5 - 2		saw the deceased alive an	/A //>	5-11	nd that in (my) (aur) apinian c	death accurred on the da	te and haur and from th	e causes stated
E		22b. SIGNATUR	or view the body offer death.	/	DEGREE	F TOTAL STATE		E SIGNED
= ,		Keral	ety / works	and 1	NBBS ATTENDING PHYSICIAN	MEDICAL STAF	IAN ID	-20-84
		REVATHY	MURTHY			ndover Rd,		
2		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	od Pr. Geo	
B3	24 FL	INERAL DIRECTOR Nall	ey's F.H. Inc. ADDRESS		Rainier, DATE		Sh REGISTRAR'S SIGNA	

. B to D. . - The Deliver . Take the partie of the termination of the sittes. Hi nvermorel-sate z elikvaddryk .cef.ri. .bit Integrate Surton Line 10-2521 Taking marked 11., sortarilli, U. AND ANDREAD THE CONTRACTOR OF THE PARTY OF T Consisting 10/22/4 this dealers was afreeld to the total

Prince freed of the Commy 3909 Washava Court By Pat and many form of the state of the state

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN K 2b. HOUR ITYPE OR PRINT! ESTI-BRUMBACK DEATH MATED JOYCE 10 - 219 84 2d. HOUR 28 P M 4 RACE SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 1984 10 - 2female DEAD White June 29, 1923

7b. CITIZEN OF WHAT COUNTRY? 61 YRS BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY Prince Georges' Co. WIDOWED K England U.S.A DIVORCED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY Southern Maryland Hospital Center Clinton Homemaker Home USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Prince George's Clinton Maryland NO IX 8911 Marquis Lane (20735) 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Robert James Nelson Christiana Woods 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS Dove Ct. (son) Martin T. Brumback Severn, MD 21144 213-44-5226 18 CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. 1 IMMEDIATE CAUSE (a) ARTERIOS CLEROTIC CARDIOVASCULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) OBSRUCTIVE PULMONAY DISEASE CHRONIC 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF YES NO X 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR
CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, FTC 1 CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE ST, BAUTIMORE, MARYLAND, 2 Inspection X Inquiry X 220 I certify that I took charge of the remains described above, held on Autopsy Natural causes 4 death resulted fram: Hamicide Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 10-2-84 Deputy MEDICAL EXAMINER EXAMINER'S NAME (Augusto P. Rodriguez, M.D. 5009 Rayburn Ct., Temple Hills, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Riverview Cemetery Strasburg, Virginia Burial BP 24 FUNERAL DIRECTOR PATE REC'DOYPHOISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Capitol Funeral Service, Falls Church, VA (VR A15 ME (5)) 20M 4/B2

. An armin . Continuos, E.M. . Syst . a burn of . . Commune .

STATE OF MARYLAND

THE RESIDENCE OF THE PROPERTY The last A Secretary of the second second second second second W. C. Danies Co. M. Diamonts, M. 20137 Land

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 26 HOUR . DECEASED NAME Anne Virginia BURNS October 6, 1984 :30am M 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH February 12, 1934 Female Caucasian BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's County, WIDOWED DIVORCED X Washington, DC ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Doctors Hospital of P.G. County INDUSTRY Lanham Administrator US Gewernment ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 12703 Craft Lane Pr. George's Maryland Bowie 20715 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Nicholson Frank C. Disney Eva M. 166 SOCIAL SECURITY NO 17 INFORMANT ADDRE 12703 Craft Lane An WAS DECEASED EVER IN U.S. ARMED FORCES? Elizabeth D. Stephenson Bowie, MD 20715 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a1, (b), and (c).) PART I. DE ATH WAS CAUSED BY: GARDIO PULMONOMI FAILURE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF FAILUM RIGHT LEAM Canditions, if ony, which cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause SCUCN COPO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? MID 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTION A CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF LOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOOWHRE 220 Leertify that (1) (this haspital) attended the deceased from, 10/5 saw the deceased alive an_ and that in (my) (aur) opinion deoth occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 27d PHYSICIAN'S NAME (TYPE OR PRINT) E. CAPITU ST SE DC 20003 711 R.L. CARREM MO 230. BURIAL CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY Trinity Episcopal Ch.Cem., Upper Marlboro, Pr.George's [SPECIFY] Burial 16000 Annapolis Rd 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Bowie, MD 20715

DHMH - 16 50M 4/83

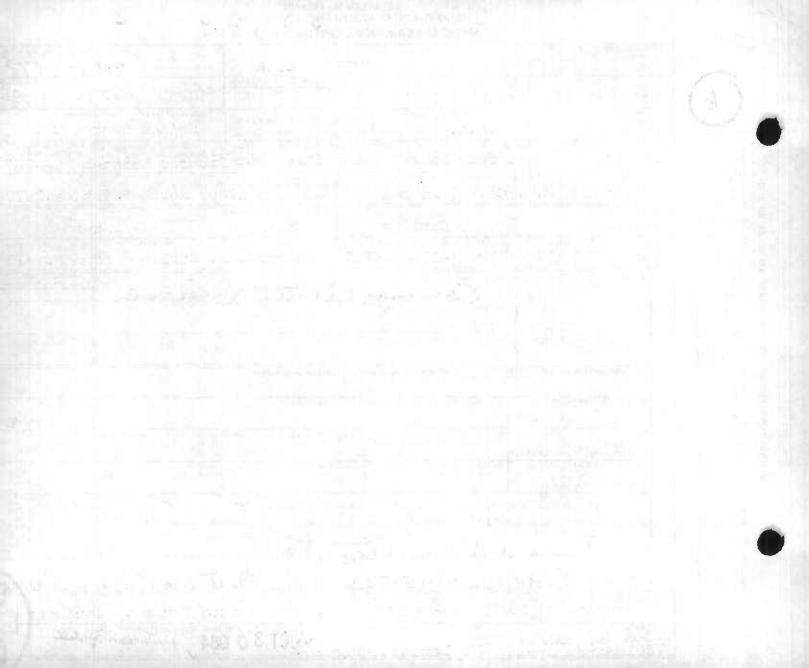
Beall Funeral Home

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(VRA 15. 4)

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om., Vopen Marlhoro, r. Congeta	i y Syiscop. 1 (h.C.) Y europhie Mi.			Intract
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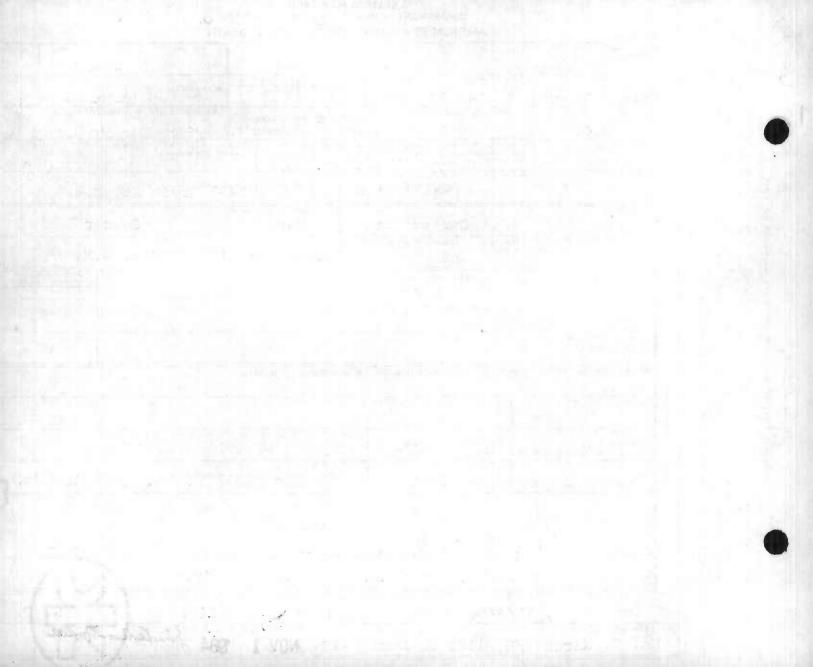
254	2	FOR STATE REGISTRAR			DEPARTMENT		ARYLAND I AND MENTALI CERTIFICATE	***	3 2 REG. NO.	2
0		1. DECEASED NA			WIDDIE		LAST	2a. DAT		SONTH DAY YEAR 26. HOUR
25.0	10 W 10		VICTO		J.	CARLI		DEAT	H MATED	9ct 27084 TRM
1	N STOR	Male	White	Mar.12	YEAR LAST	IRTHDAY) MONT	DER 1 YR. IF UNDE		UNCED	27 1934 795 M
		70. BIRTHPLACE FOREIGN COUNTRY LOUIS)	U.S.F		8. MARR WIDOW	IED NEVER MARI	RIED .		George Co.
LAY IS N	E HIED	Laure		II. NAME OF HOS	Laurel	Belts	ER INSTITUTION SVILLE HO	126. USUAL OCC	CUPATION (TYPE OF VORKING LIFE)	work 126 KIND OF BUSINESS OR WESTING- nager house
21201 ANY DE AND 3 1	RETAIN BOULD B BCOSES	USUAL RESIDENCE 136 STATE Maryla	e (IF IN NURSING HOME)	OR OTHER INSTITUTION, G	130. CITY OR TO	MISSION)	13d INSIDE CITY LIMITS? YES NO 2			Point La.20708
IE. MD.	PAN 3	Samue	AE .	MIDDLE	Carlin	.0	is Mother's Male	DEN NAME	MIDDLE	Mauro
ALTIMO AFTER D	MITH FORM	WAS DECEAS TYPES, NO, OR UNK	ED EVER IN U.S. AR	MED FORCES? 6-1978	166. SOCIAL SEC 437-48		Kather:	ine E. (ADDRESS Carlino	same as #13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST SCEPTIFICATE SHOULD BE EXECUTED WITHIN 24 HO BYTING THE WORD "SPUDING" IN PENCIL IN 1FEM	F MEDICAL EXAMINER ALONG ED AS A BURIAL TRANSIT PEN HEAITH AND MENTAL HYGIENE AL, CREMATION, OR REMOVAL	gave cause (lying c	ans, if any, which rise to immediate a) stating the <u>under</u> ause last.	(b)	R AS A CONSEQUE R AS A CONSEQUE BUT NOT RELATED TO TH	NCE OF	E OR CONDITION GIVEN IN P	ART I (a).	eces l	
TALREC	CHIEF MEDI E USED AS A T OF HEALTH URIAL CREA	190. DATE C	F OPERATION	196. COND	TION FOR WHICH	OPERATION W	'AS PERFORMED?			2D. AUTOPSY?
ISION OF VI	DRWARDED TO THE CHIEF R: PAGE 3 SHOULD BE USE E STATE DEPARTMENT OF H D, 21201 PRIOR TO BURIAL	CONTRIBU 21d INJUR	NAL CAUSE WAS IG OR TING CAUSE OF OCCURRED	DEATH P.A	A. MONTH DAY A. 1 OF INJURY (AT HO	YEAR 9 ME. 21f. LO	OW INJURY OCCURR			1 OR PART 2)
= ₹ ≥	PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201	AT WORK 22a, I ce death resu ACTUAL SIGNATUR	Ilted from: Natu	ge af the remains de oral causes (1).	scribed abave, held Accident	an Autap	sy , Inspecti Hamicide TITLE (SPEC) IFY	On III, Inqui	ry , and in manner ,	my opinian DATE SIGNED OR OF BY
2 ×			ATION PEMOVAL	236 DATE 10/31/8	123c. NAME C	F CEMETERY C	er CREMATORY em. Park	23d. LOCATION Baton	Rouge ,	Louisana
DI (VR	HMH - 17 A15 ME (5)) OM 4/82	FLEOK 7601 S	CTOR FUNERAL andy Sp	HOME, TN	C Laure	, Md.	250. DATE 0CT 20707	3 O 1984	RAB 256 REGISTR	ar's signature son-Handale



T. DECEASED NAME TOP TOP	VI		OR ATE GISTRAR	DEPARTM MEDICAL EX		AND MENTAL HY	DEATH	1 3 3. NO.
A CHIER OF TWANT COUNTRY MARRIED NOVER M		DECE	ASED NAME FIRST	ANDDLE	CARRO		20. DATE KNOW	N DAY YEAR
MARKED NOT MARKE	A 72 HOL	Mo	Le Black 3	-25-59	YRS. MONTH		PRONOUNCED	10-20 1084
AND CONTROL OF THE PRODUCT OF THE PR	WITH WITH	M	GH COUNTRY)	ited Str	HES WIDOW	ED DIVORCED	Bine	e trenges.
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AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autapsy I, Inspection I, Inquiry I, and in my opinion death resulted from: Natural causes I, Accident I, Suicide II, Hamicide I, Undetermined manner II, ACTUAL SIGNATURE EXAMINER'S NAME Augusto P. Rodriguez, M.D. Deputy MEDICAL EXAMINER SIGNED IO - 3C SIGNED IO - 3C SIGNATURE EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE IO - 3C SIGNATURE IN THE PROPERTY OF CREMETERY OF CREMATORY OF CREMATORY OF COUNTY STANDER	CHIEF M CHIEF M CHIEF M CHIEF M COF HEA	TIFICATI	90. DATE OF OPERATION 19	DE CONDITION FOR W	HICH OPERATION WA	AS PERFORMED?		
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220 Lectify that I took charge of the remains described above, held an Autapsy , Inspection . Inquiry , and in my opinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . TITLE (SPECIFY) ACTUAL SIGNATURE . SIGNATURE . SIGNED . Deputy . MEDICAL EXAMINER . SIGNED . Deputy . SIA . Deputy . Deputy . SIA . Deputy . Deput	WKIIINW VARDED PAGE 3 SI TATE DEP 21201 PR		WHILE NOT WHILE				CITY OR TOWN	COUNTY
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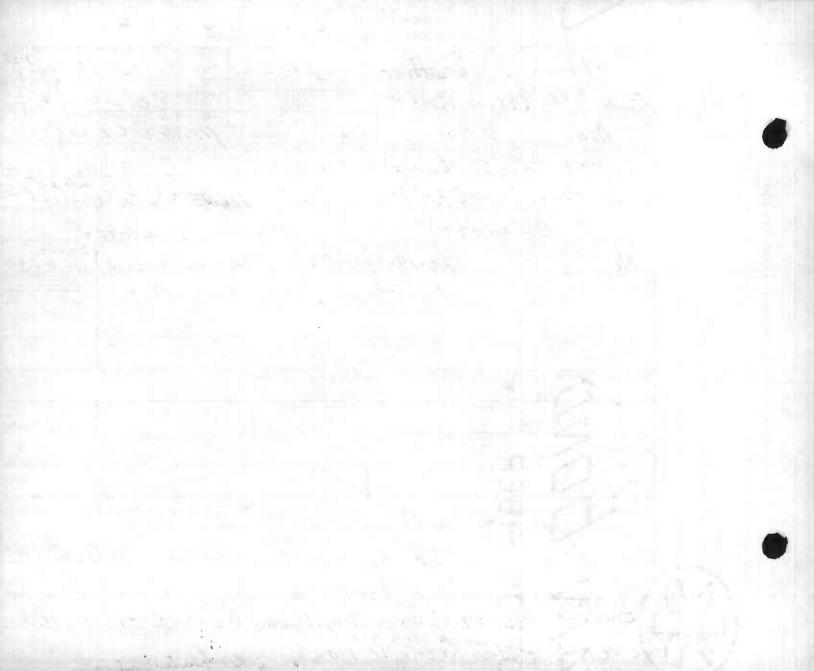
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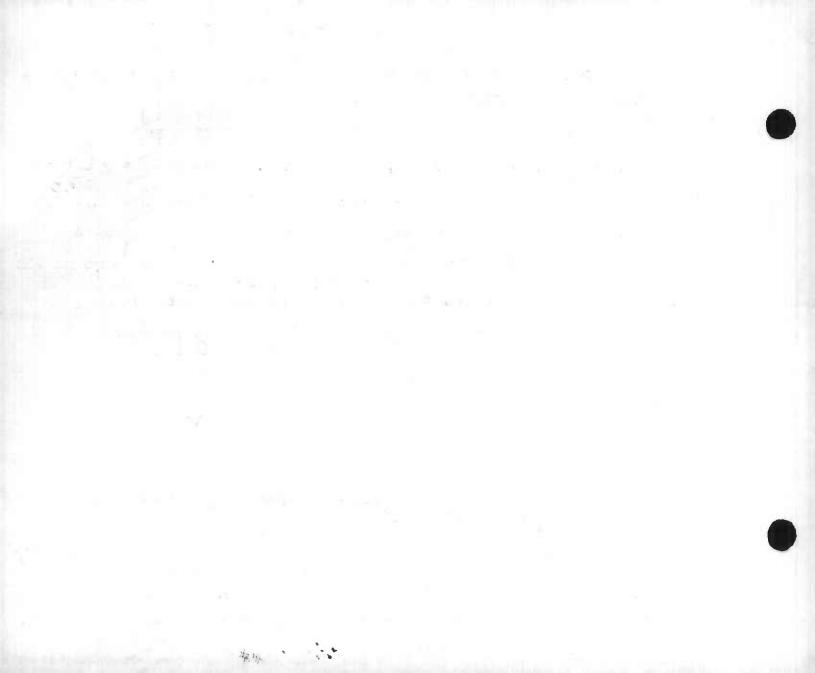
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR DECEASED NAME a. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED Jr. Arthur .0-30-849 IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 5 24 34 Male Black 50 10-30-8419 11:50 To. BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) N.C. USA Prince George's County WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Beltsville 11344 Cherry Hill Rd. Apt. 203 2.0009 134 COUNTY Washington 13d. INSIDE CITY LIMITS? 13437 Ervin St. N.W A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Mary Arthur Bowser Carter Sr. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS Karen Ford 1336 I St., N.W. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Gunshot wound of head and chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) subject shot during altercation CONTRIBUTING CAUSE OF DEATH 216 LOCATION 21e PLACE OF INJURY LATHOME apartment AT WORK AT WORK 11344 Cherry Hill Rd. Apt. 203 Beltsville, Md 22a I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry Hamicide X Accident Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 10-30-84 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street TYPE OR PRINT) 30. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Enfield 11/3/84 Church Cemetery AR 733 RECHSTRAP'S SIGNATURE RE 24 FUNERAL DIRECTOR C. March F/H 1101 E. North Ave. 20M 4/B2

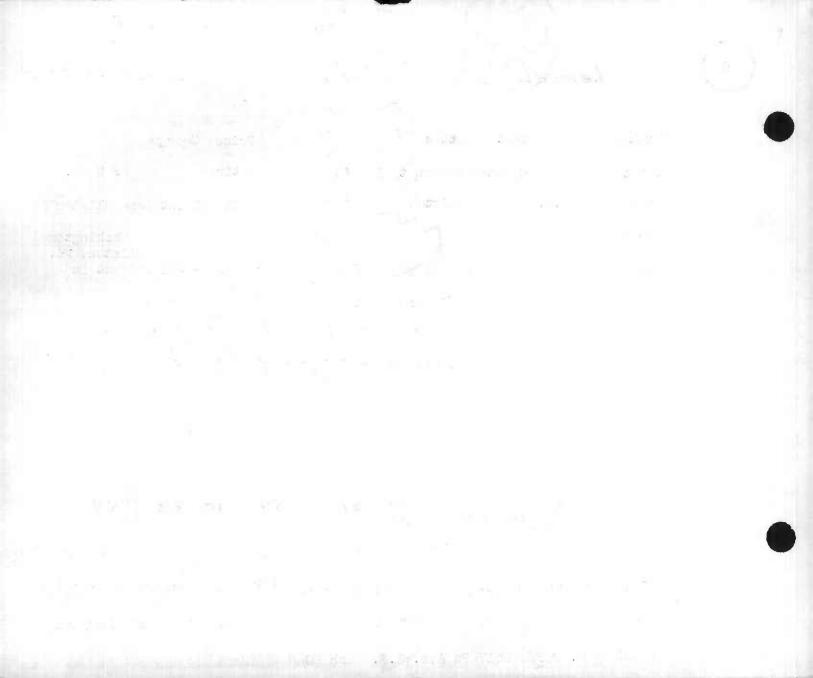


	6		1	STATE OF MARYLAND
		1 1	01	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 1 2
		CT	7	CERTIFICATE OF DEATH
	pe	e 3	1	DECEASED-NAME First / Middle Last / 20. DATE OF DEATH 2b. HOUR
	нау	rectar, page 3 he State Dept		(Type or print) TE F F F F F F F F F F F F F F F F F F
	4	tate		TELLY LOTTED CHOOL GCT 29 84 / AM
	Page	e S	3.	SEXTE (1/1) F 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. If UNDER 24 HRS. MIN MONTHS DAYS HOURS MIN
	4	directly the	1	TEMPLE WHITE 19NOV37 last bytholay) YRS. MONTHS DAYS HOURS MIN
-	8.	1 /0	17	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
5	1	01		TROOKLYN NY USA WIDOWED DIVORCED PRINCE CTORES Md.
21		1 i//	10	I. CITY OR TOWN OF DEATH / III. NAME OF HOSPITAL OR INSTITUTION (It not in hospital III 2a. USUAL OCCUPATION (Kind of work dane II 2b. KIND OF BUSINESS OR
W.	2	should er Geoth	4	17000 Homemaker A 8309 Curry Place Homemaker
03	1 24	2 sh		ID. USUAL RESIDENCE (Where deceased lived of institution: Residence before Inc. CITY OR TOWN INC. CITY LIMITS? ID. STREET AND NUMBER INC. STATE INC. COUNTY ID. STATE INC. COUNTY ID. STATE INC. STATE INC. COUNTY ID. STATE
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J. H.	executed	Complete	4	
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3	pe	n o n	/ <u> </u>	Howard Chow (Husband) Same as 13E
3	e	sicion in pop event,		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
Æ	certificate be	physician an carban papers any event, wi		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CARCINOMA LIVER
TIE	Cert	000 =		DUE TO, OR AS A CONSEQUENCE OF
135	£	remave or and in		(conditions, if ony, which gove) (b) CANCINOMA OF BREAST
L ST	dec	offe I, o		rise to immediate couse (o), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
45	÷ +	by the please remaval,		lost. (c)
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7/8	requires that the death	signed wt. The		
4.	uire	sign wit.	3	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
TO THE	red	been sign t permit. Eremotion.	Y	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES \(\subseteq \) NO \(\subseteq \) CAUSES OF DEATH? 21b. TIME OF INITIALY 21c. HOW INITIALY OF CHIPPED. (Extended to provide a finitely in Part 1 or Part 2 them 18.)
(A)	low on.		3	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)
A	Sici	ote has b	18	ZIC HOW WOOM OCCORRED (Ellie) Holde of Highly III I did 2, Heal 10.)
4	Phy.	ifrcate urial-ti		CAUSE OF DEATH HOUR A.M. Month Doy Year
DIVISION OF PITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	CIAN	certificat		While Not while October 1 The Country of Town Country Singer of K.F.D. Ho.
Sio	HYS	th pr		at work at work
> 0	12 5	e of		22a. I certify that (I) (this hospital) attended the deceased from / 1951, to 24007, 1989, that (I) (we) last saw the deceased alive an 21007 and that in (my) (per) apinion death accurred an the date and haur and from the
	NIO	After use Hygi-		causes stated above, (1) (we) (did) (did not) view the bady after death.
	ATTEND	.0 -		22b. SIGNATURE 22c. DATE SIGNED
	A	DIRECTOR: detached for and Mental		Mouse from Degree ATTENDING DIRECTOR DI
	og the	DIRE detac		22d. PHYSICIAN'S 22e. ADDRESS
	TAL			NAME (Type) Thomas Fogarty, MD 7676 New Hamp. Ave. Langley Park, Md
	HOSPITAL	FUNERAL Hould be	-	
			2	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Adelphi PG Maryland
1	5 =	07 8	-	4. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRARY ALCHAITHE
-	DHMH	16 1/71 30A	n	Hines/Rinaldi 11800 New Hamp. Ave. S.S. Md. OCT 29 1884 256 REGISTRANCE AND ADDRESS
		(VR At5 (4)))	THESTATHATOT THOU NEW HAMP. AVE. S. S. P. GMDUI 2

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20000000000000000000000000000000000000		ORPRINT) MEV	u)r,	Esther	Ch:	pmax	OF ESTI-	1 /	3019 6
	3 SEX	Fond BIK	S. DATE OF BIRTH	YEAR 6. AGE (IN YE.	AY) MONTHS		HRS 2c. DATE PRONOUNCED DEAD	B-X 3	DAY YEAR IN HOUR
THE ACTION	7a B1	THPLACE ISTATE OR EIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	0	PONEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY	OF DEATH
900505b		Md.	U.S	S.A.	WIDOWED	DIVORCED	1 Prince	,e fe	Brger MD
O THE P PAGE S, 201 V	10 CT	YOR TOWN OF DEATH	II. NAME OF HOS	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS!	Belto	VILLE HOL	FOR MOST OF WORKING LIFE)		OR INDUSTRY
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DEETH. IF GES.1, 2, M. P.M. 3. AND 2 SF OEVITAL B	14 FA	THER'S NAME FIRST	ARRE	LAST	15	MOTHER'S MAIDEN	NAME MIDDLE	rale to	JAST
LTIMC FTER VE PA VE PA SION	16a W	AS DECEASED EVER IN U.S. ARA S, NO, OR UNKNOWN) (IF YES, GIVE V	AED FORCES?	216-14-3	48/ (ASKER CA	hapman (H	ushard)	5 Ames As H13
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92 2 2 5 8 P	100.48	BURIA!	11-3-84	1 23c. NAME OF CEA		pel Cem.	23d LOCATION CHY ORTOWN CHY ORTOWN C'D. BY REGISTRA' 1256. F	ACOUNTY CA	eo. Md.
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REG	ISTRAR				ICATE OF DEATH		REG. NO.			
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14 FATHER	Char			raham	15. MOTHER'S MAIDEN Sallie		WIDDIE		11s	
	PECEASED EVER	(IF YES, GIVE WAR	OR DATES)	05-3708	Charles (Fraham		1714.	Md.	h Ave
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Nalley's F.H.Inc.

Mt. Rainier, Md.

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BALTIMORE, MD.	JRS AFTER DE 3. GIVE PAGE WITH FORM F. PAGES J.AI DIVISION OF	16a V (Y	VAS DECEASE ES, NO, OR UNKNO Yes		ED FORCES? (AR OR DATES)		CIAL SECURIT		Pobin		Conde	8712		ae Br	ook	Dr
	WITH WITH DIVIS			OF DEATH (Enter anly		ine far (a). (b), and (c),)		IKODIII	rı.	Conde	Lanh	am,	Md	XIMATE INT	ERVAL
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	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO FUNEAL DIRECTOR: PAGE AFTER COATH, WITH THE STATE! BALTIMORE, MARYLAND, 21201		22a I cert	fy that I taak charge	TV1			Autap	-	nspection	X. Inqui		nd in my a	pinian		
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	A SPECE		EXAMINER'S (TYPE OR PRI	NT) Ann	M. Dixo	n, M.D			ADDRESS	111 Pe	enn St.	, Balto	. M	d. 21	201	
	DXADAA	23a.B	URIAL, CREMA	TION, REMOVAL 23	b DATE	23ε. Ι	NAME OF CE	METERY C	R CREMATOR	Y	23d LOCATION	4	COU	NTY	STATE	
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DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical examin

	1 -	FOR STATE REGISTRAR	į.		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH	L HYGIE	NE 8 3	2 3		
		CEASED NAME OR PRINT)	her		zabeth		NROY		October 5.	1984	YEAR	2h HOUR 5:35P M
	3. SE)		ner	4 RACE		5. DATE C	OF BIRTH		AGE LIN YEARS LAST BIR	HDAY) IF	UNDER TYEAR	# UNDER 24 HRS HOURS MIN.
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2	٧ĭ	RTHPLACE (STATE OR FORE		U.S.		WIDOWE		0 .	Prince Ge	_		nty, MD.
3		ty or town of death nham					P.G. Co.)N	Housewife	ON F WORKING LIFE)	126 KIND C	F BUSINESS OR
6		ryland 13	HOME OR		GIVE RESIDENCE BEFORE COTTEGE		13d INSIDE CITY LIM	XX	9743^BIS	zippigc	e 20	740
	14. F.A	THER'S NAME		MIDDIE	LAST		15. MOTHER'S MATO	ENNAME	WIDDLE		IAS	1
2	E	stel		F	arlow		Lilly	19	Sue		antto	on
1	()	VAS DECEASED EVER IN (185, NO OR UNKNOWN)		E WAR OR DATES)	226-28-		James C	Conr	ov Same	ss as #1	3 _P	
	NO	Conditions, if any, w gave rise to immed cause (a), stating	S CAUSE AMEDIAT which diate the lost.	D BY E CAUSE (a) DUE TO, OI (b) DUE TO, OI	CONST RAS A CONSEQUE PNEU RAS A CONSEQUE SEPTI	RICT NCE OF MOI NCE OF CAE	MIA	DER	ICARDIT	TIS.	APPROX. BETWEEN !	MATE INTERVAL DONSET AND DEATH
/	CERTIFICATION	190 DATE OF OPERATIO	N	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES ☑ NO□	20h. IF YES, VIN CERTIFYII	NG CAUSES	NGS USED OF DEATH? NO
1		210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DE A		M. MONTH DA	Y YEAR	21¢ HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM IS PART	[1 OR PART ?)	
	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21e. PLACE ((AT HOME, STR	OF INJURY BET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
í		220.1 certify that (1) (the saw the deceased abave, (1) (we) (and	alive an		105/108	4 , ar		SD pinian de	ta ta	ite and haur a	/	that (I) (We) last causes stated
		27b. SIGNATURE	De	Am	ver		DEGREE ATTEND	ING	MEDICAL STAF	F IAN []	22c. DATE	SIGNED
		Azher Hus	_ `				22e. ADDRESS 4917 Edge	ewood	Rd., Coll	ege Pa:	rk. Md	. 20740
	23o B	SURIAL, CREMATION, RE- SPECIFY) Cremat	MOVAL ion	236 DATE 10/7/8			Vash. Cre	TORY	Laurei		oug.	Md. State
		INERAL DIRECTOR FL						OCT	REC'D. BY REGISTRAN	156. REGISTRA	r's signat	andere .

24 FUNERAL DIRECTOR E. Wilhelm

Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR FIRST 84 7:30 pm 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS **BALTIMORE CITY OR COUNTY OF DEATH** PRINCE GEORG'S COUNTY 128. USUAL OCCUPATION 126. KIND BE BUSNESOR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRIBUTION Self Employed | Contractor 13e STREET ADDRESS / ZIP CODE 3002 Xavier Lane 20747 Mundy Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY

Suitland, Md.

22r. DATE SIGNED

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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DHMH - 16 50M 4/83 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-EPHEL S. CRAYS DEATH MATED 10 - 2719 84 5 DATE OF BIRTH 4 RACE AGE (IN YEARS IF UNDER 1 YR IE LINDER 24 HRS SEX 2c. DATE PRONOUNCED FEMALE WHITE 10 04 80 YRS TO RIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Prince George's WIDOWEDX DIVORCED Pennsylvania 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Cheverly GENERAL HOSPITAL Housewife Own Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13r CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Mitchellville VES NO 1207 Kings Valley Dr. 20716 Maryland P.G. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Beaty Probst Bertha Jesse 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 214 74 8793 Sara Withers (Daughter) Same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) RETWEEN ONSET AND DEATH MULTIPLE INJURIES WITH COMPLICATIONS IMMEDIATE CAUSE (c DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG E DEPARTMENT OF HEALTH A
OI PRIOR TO BURIAL, CREMA 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO ! 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 10-13 1984 SLIPPED & FELL DOWN THE STEPS TO MEDICAL EXAMINER: THIS CERTIF EXECUTETHE CRITIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR, PAGE 3 SH AFTER DEATH, WITH THE STATE DEPAI BALTIMORE, MARYLAND, 21201 PRIC 21d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME If LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE HOME 1207 KINGS VALLEY OR MITCHELLVILLE 220. I certify that I took charge of the remains described above, held an Accident X Natural causes Undetermined manner TITLE (SPECIFY) DATE 10 - 28 - 84 Deputy EXAMINER'S NAME Rodriguez, M.D. ADDRES 5009 Rayburn Ct., Temple Hills, Md. Augusto 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236 DATE 10/30/84 Fort Lincoln Cemetery Brentwood P.G. Maryland Burial Francis Gasch's Sons **DHMH** - 17 Funeral Home P.A. Hyattsville, Md. 20781 (VR A15 ME (5))

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500 University Blvd. W. Silver Spring, Md.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

REG. NO

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FOR - STATE

(VRA 15, 4)

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Donaldson Funeral Home, Laurel, Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2

CERTIFICATE OF DEATH

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126 KIND OF BUSINESS OR

drug store

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

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IF UNDER TYEAR

INDUSTRY

9:25P

IF UNDER 24 HRS

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR - STATE



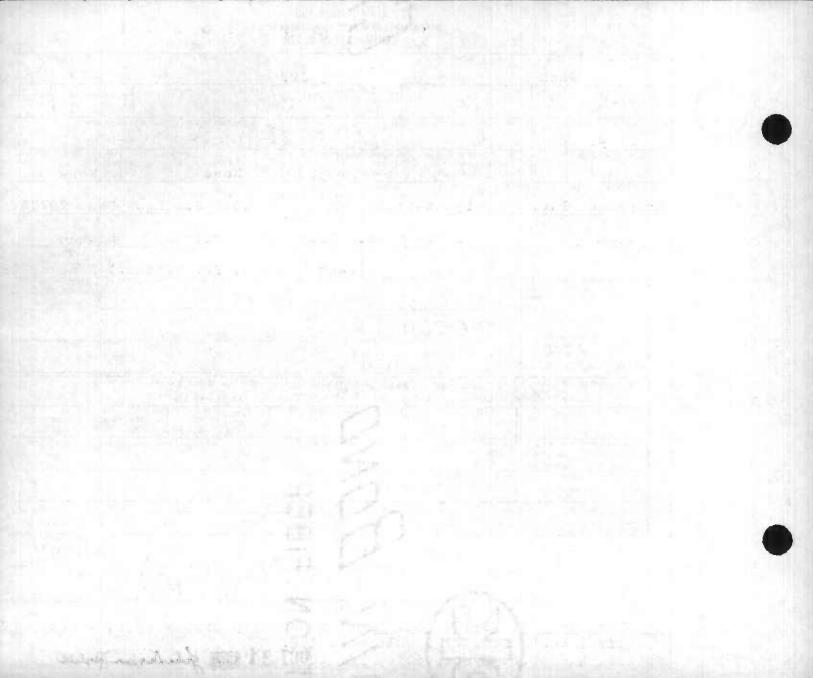
FOR STATE REGISTRAR	DEPARI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME (TYPE OF PRINT) OLL IE	LINCOLN	CUSTARD	Tall and the art of an artist	OCT 10 84 25 HOUR 12:45p
3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
Male	Negro	June 10 1932	52	YRS.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED	9 BALTIMORE CITY OR	
Kentucky	USA	WIDOWED DIVORCED		
Andrews AFB	Malcolm Grow U	SAF Medical Center	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	WORKING LIFE] INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b. COUN Maryland Prince		WN 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / 17010 Usher	
Prosperity	MIDDLE Custar	d Mary	WIDDLE	Sneed
I 60 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC 405-32-		Custard 17010	O Usher PL. Marlbo
PART I. DEATH WAS CAUSE	nly one cause per line for to1, (b1, of D BY:	is Pulmonan	Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT OF DEPART 2 OTHER SIGNIFICANT OF DEPART OF OPERATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TELL HOPERATION WAS PERFORMED		ITION GIVEN IN PART 1(0)
Jan Land College Colle			YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR	JRRED (ENTER NATURE OF INJURY	r IN ITEM TB PART I OR PART ?)
21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	CITY OR TOW	VN COUNTY STATE
sow the deceased plive on	to C 19		on death occurred on the dat	te and hour and from the causes stated
220 PHYSICIAN'S NAME (TYPE C	O. De Mance	DEGREE ATTENDING PHYSICIAN 172 ADDRESS	MEDICAL STAFF	
MARTIN A D			OW USAF MEDIC	CAL CENTER
230. BURIAL, CREMATION, REMOVAL	1.00.01.1.0	NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
Sorial A FUNCTION	Oct. 17-84 C	heltenham MVC Cem.	Cheltenha	
24 FUNERAL DIRECTOR		26 n	ATE DEC'D BY DECISTO ADIA	5b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

- Carolid Hone 1

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND, MENTAL HYGIENE

- STATE



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OR ATTENDING PHYSICIAN. The hospitol or ottending physicion.

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3 3 8

		EASED NAME FIRST	N	NIDDLE		LAST		20. DATE C	F DEATH	MONTH	DAY	YEAR	2b. HOUR
		OR PRINTS											
		MARGARET		T. DAVII	OONIS					10	14	84	10:50
	3. SEX		4 RACE		5. DATE		WF 4 B	6 AGE IN	YEARS LAST BIRT	(HDAY)	IF UND	DER I YEAR	# UNDER 24 H
10	Fer	nale	Caucasia	ın	Apri		1901	83		YRS		JUNIS	
0		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? B MARRIE	D NEVER	R MARRIED	9 BALTIMO	ORE CITY O	R COUN	TY OF D	EATH	-
	Per	nnsylvania	U.S.A. WIDOWED DIVORCED				PRIN	CE GEO	ORGE				
6	CI.	TNTON	Southe	IOSPITAL, NURS	land E	lespita		TTYPE OF WO	OCCUPATION	F WORKING	LIFE) IN	b. KIND C	F BUSINESS
化		TATE 136 CO	OR OTHER INSTITUTION UNITY				CITY LIMITS?	13e.STREET	ADDRESS A	ZIP CO	Driv	re	20744
06	14 FA	THER'S NAME GEORGE	WIDDLE	Verbil	la		R'S MAIDEN NA	ME	MIODIE			Saul	itis
1		VAS DECEASED EVER IN U.S. 185, NO OR UNKNOWN) 18 YES.	ARMED FORCES? GIVE WAR OR DATES)	202-26-		Anna S		1511 Ft.	Redi Washi	ord ngto	Dr. n, M	id.	
		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only ane couse per	line for (0), 1b1, a	ind (c).1				7 77			BETWEEN	IMATE INTERVA
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	(b)	AS A CONSEO	URINAL UENCE OF	RY INF	ECTION 8	RENA	L FATI	URE			
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39	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 1) CONGESTIVE 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	(b)	SEVERE AS A CONSEOU SENILIT INTRIBUTING TO AILURE A TION FOR WHICH FINJURY M. MONTH II	URINAL UENCE OF Y DEATH BUT DVANCI H OPERATIO	NOT RELATI ED 2)H IN WAS PERF	ED TO THE TERM YPOVOLEN ORMED INJURY OCCURI	TC SHO	SE OR CONI OCK OPSY?	20b. IF Y IN CER	YES, WER TIFYING YES 8 PART I O	RE FINDI	NGS USED OF DEATH:
Ź	MEDICAL	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 1) CONGESTIVE 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 18F EITHER NOTIFY MEDICAL EXAMINATION OF COURRED	T CONDITIONS CC HEART F 19b. CONDITIONS AM P.M. 21b. TIME OI HOUR AM P.M. 21c. PLACE C (AT HOME STRI	SEVERE RAS A CONSEOU SENILIT INTRIBUTING TO ALLURE A TION FOR WHICH FINJURY M. MONTH II M. OF INJURY EET, FACTORY, OFFICE deceosed from 13	URINAL UENCE OF Y DEATH BUT DVANCI H OPERATIO DAY YEAR 19 FARM. EIC)	NOT RELATION WAS PERFORMED 216. HOW	ED TO THE TERM YPOVOLEN ORMED INJURY OCCURI	AIN AL DISEA: ATC SHO 200 AUT YES RED (ENTER N	SE OR CONI OCK OPSY? NO MI LATURE OF INJUR	20b. IF Y IN CERT	YES, WEF TIFYING YES B PART I O	RE FINDING CAUSES OR PART 2) OUNTY	NGS USED OF DEATH!
9	MEDICAL	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 1) CONGESTIVI 19g DATE OF OPERATION 21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF JIF EITHER NOTIFY MEDICAL EXAMI	DUE TO, OR (c) T CONDITIONS CC HEART F. 19b. CONDI 21b. TIME OI HOUR A./ NERI 21e PLACE (AT HOME STRI 10th HOME STRI 1	SEVERE RAS A CONSEOU SENILIT INTRIBUTING TO ALLURE A TION FOR WHICH FINJURY M. MONTH II M. OF INJURY EET, FACTORY, OFFICE deceosed from 13	URINAL UENCE OF Y DEATH BUT DVANCI H OPERATIO DAY YEAR 19 FARM. EIC)	PEGREE	PHYSICIAN PROVICES ATTENDING PHYSICIAN PORMED	AIN AL DISEA: AIC SHO 200 AUT YES RED (ENTER N deoth occurr	SE OR CONION OF SYPE	20b. IF Y IN CER' IN CER' IN ITEM 11	YES, WEF TIFYING YES 1 8 PART I O	RE FINDING CAUSES OR PART 2) OUNTY	NGS USED OF DEATH: NO STATE that (I) (we)
2 9	MEDICAL	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 1) CONGESTIVI 19g DATE OF OPERATION 21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF JIF EITHER NOTIFY MEDICAL EXAMI	DUE TO, OR (c) T CONDITIONS CC HEART F. 19b. CONDITIONS 21b. TIME OF HOUR A./ HOUR A./ HOUR A./ STRIP 21c PLACE (AT MOME STRIP DOTTO) oftended the OCt noti view the body. OCT E OR PRINT)	SEVERE RAS A CONSEOU SENILIT INTRIBUTING TO ALLURE A TION FOR WHICH FINJURY M. MONTH II M. OF INJURY EET, FACTORY, OFFICE deceosed from 13	URINAL UENCE OF Y DEATH BUT DVANCI H OPERATIO DAY YEAR 19 FARM. EIC)	211. LOCATE 211. LOCATE 212 and that in (m) DEGREE	PHYSICIAN PROVICES ATTENDING PHYSICIAN PORMED	TIC SHO	OCK OPSY? NO MALIATURE OF INJUR CITY OR TO: ed on the do	20b. IF Y IN CER' IN CER' Y IN ITEM 11	YES, WEF TIFYING YES B PART LO	OUNTY OUNTY OUNTY	that (I) two

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10/17/31, St. Ignatius Cemetery Centralia

George F. Kalas Funcral Home Adland

Penna.

26		1-	FOR STATE	UNK.#84-		DEPARTMENT (OF HEALTH	ARYLAND I AND MENTAL	2 / /	3 3	3	
		1 DEC	CEASED NAME			MIDDLE MIDDLE		LAST	OF	ESTI-	NTH DAY YEAR	
	FILES.	3 SEX		Edwa 1. race	S DATE OF BIRTH	YEAR LAST BIF	N YEARS IF UN		DEATH ER 24 HRS 2c. DATE MIN PRONOUN	MATED XX	10-2919 8	R 2d. HOUR
4	1000	-	MALE	BLACK	4-23-19	11 73	YRS.	13 DATS HOURS	DEAD		10-29 19 8	4 5:05 4 a. M
0	W 13		RTHPLACE (51/ REIGN COUNTRY) VIRGI		U.S.		8 MARR WIDOV	-0	RIED	_	's Count	V, MD.
	A STATE OF	1	YORTOWNO		11. NAME OF HOS	PITAL, NURSING HOCKLITY, GIVE STREET ADDRE	(55)		12a USUAL OCCUP FOR MOST OF WORK CLERK	ATION (TYPE OF WE	DRK 126 KIND OF OR INDU	BUSINESS STRY
21201	ANY DE LEVEN	JUA 1 S1	L RESIDENCE (IN COUN	OR OTHER INSTITUTION, GI		AISSION)	13d INSIDE CITY LIMITS?	IJe STREET ADDRE		.99	20002
MD.	H. W. S.	100	THER'S NAME	UNKNO	MIDDLE	LAST		15. MOTHER'S MAI	DEN NAME	DDIE	LAST	
ALTIMORE,	ON SON A	16a W (YE	AS DECEASED	EVER IN U.S. AR		16b. SOCIAL SECU		17 INFORMANT	0,1112,1	ADDRESS		
BALI	A NO NA	-	YES	WWI	I nly ane cause per line	227-12-4		JOHN EDW	ARD DEAN	(SAME	AS ITE	M #13)
RECORDS, 201 W. PRESTON ST	SHOUD BE EXECUTED WITHIN 24 I DRD "PENDING" IN PENCIL IN ITE CHEF MEDICAL EXAMINER ALON CHEFATED AS A BURIAL - IRANSIT PER T OF HEALTH AND MENIAL HYGHE URIAL, CREMATION, OR REMOVA	NO	gave rise cause (a) lying caus	s, if ony, which to immediate stating the under se lost.	(b)	AS A CONSEQUEN	CE OF		PART 1 to			
	SHOULD ORD "PER A CHIEF A CHIE	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH O	PERATION W	AS PERFORMED?			20. AUTOP	
DIVISION OF VITAL	S CERTIFICATE WERDED TO THE WERDED TO THE WEBS 3 SHOULD BE TO PRIOR TO BE TO PRIOR TO BE TO PRIOR TO BE TO B	MEDICAL CERT	210 EXTERNAL UNDERLYING CONTRIBUTION 210 INJURY O WHILE AT WORK	OR OR CAUSE OF	DEATH 2: 30 XXX		84 pec	destrian s	struck by a city or towner and a real Ave.	uto	OR PART 2)	STATE
•	MEDICAL EXAMINER: THIS CUTE THE CERTIFICATE, W EX 4 SHOULD BE FORWA FUNERAL DIRECTOR, PAC ER DEATH, WALH THE STAT IN ORE, MARYDAND, 212			y that I taak char	ge of the remain des	Accident XX	Suicide L	sy X, Inspect , Hamicide - TITLE (SPECIFY) .D. Assistan	on , Inquiry Undetermined ma	nner ,	ATE SOLD 10-2	
	ON OF -		EXAMINER'S N (TYPE OR PRIN	IT) Deni	ois F. Smy				Penn St., E	Balto.,Mc	a. 21201	
200	CBP	(5	CREM		11-1-1984			R CREMATORY EMATORY	23d. LOCATION CITY OR TOWN RIVERD	ALE, P.	COUNTY G.C. MC	STATE
797	DHMy - 17 (VR A15 ME (5)) 20M 4/B2		NERAL DIRECT	AMBERS C	20. 517	llth ST.	S.E.	VASH. 130 DAT	E REC'D. BY REGISTRAL	dia David		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE Hazel (NMN) Dean REGISTRAR REG. NO L DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR LIYPE OR PRINTS 3. SEX 4. RACE 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER TYEAR IF UNDER 24 HRS 7a. BIRTHPLACE **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED X NEVER MARRIED WIDOWED 126. KIND OF BUSINES 8609-Powhatan Street Housewife 130 STAJE 13e STREET ADDRESS / ZIP CODE 37-East Linden Street 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLI Powers Clellie Siler Daughter ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 212-20-7018 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating the CARCINOMATOSC. underlying cause CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2015 IF YES. WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIZ NO [210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC) 220 1 certify that (1) (this haspital) attended the deceased from JANUARY sow the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ROSPERO ZEVALLOS HI Prospero Zevallos M.D. 234 LOCATION 0450 23a. BURIAL CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 10-27-1984 Cremation Lee's Crematory Wash.,DC - 16 50M 4/83 J. Wm. Lee's Sons Co. 300-4th St., NE, Wash., DC2000 (VRA 15, 4)

-53% T. F. HAND -- 0.38 e' iveauoH 37-2465 I Julian State. (2231) - atticit Cu..dec colores les les les les colores colore The Live of State Str. 3 Cale Str., AE. Ball., 502 PO 22 PO 22 PO 25 FOR - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 CERTIFICATE OF DEATH

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	1. DE	CEASED NAME FIRST	MIDDLE	ı	AST		20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
	(TYPE	OR PRINT)		DEAN		44		10 2	7 84	12:12
	3. SE	IRVING	4 RACE	DEAN 5. DATE O			6 AGE (IN YEARS LAST BIR	10 2 THDAY) IF	UNDER I YEAR	IF UNDER 24
1		Male	Caucasian	MONTH		YE AR 1 0 0 2	81		ONTHS DAYS	HOURS
1	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8.			9. BALTIMORE CITY C	PR COUNTY O	DE DEATH	
1		country) aryland	U.S.A.	MARRIE	XXXEVER MA		PRINCE GEO	100		,
		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWE		UTION	120 USUAL OCCUPAT		12b. KIND O	
		CT TAPPONT	(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)		F	lectrical			Corr
0	USU		SOUTHERN MARY I		SPITAL	4			T 0.5	men
FOR THE SE		ryland Prin		inton	13d. INSIDE CITY	LIMITS?	6106 Mano		(2073	
la l	14 FA	THER'S NAME	MIDDLE LAST	43/11	15. MOTHER'S A		NE MIDDLE		LAS	T
0 0 C	Jo	hn Caleb Dean	MODIE		E11	a M.	MIDDLE		Joy	
0 /		VAS DECEASED EVER IN U.S. A		CURITY NO.	17 INFORMAN	Т	ADDRE	SS		70 1
med		NO RUNKNOWN) (IF YES, ON NO	A 577-40-	-8459	Matild	a C. D	ean Same	As #13		
Ť.		18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b), o	ond ic	No bile	Δ.	1	1000	BETWEEN	MATE INTER
e ve		PART I. DEATH WAS CAUS	ATE CAUSE (0) Cardio	Duly	order	an	rest	100		
ofic			DUE TO, OR AS A CONSEQ	UENCE OF	1		0.0	11	1.	
E C		Conditions, if any, which	(b) Coretr	ovas	ela a	ccid	ext of ke	not for	temp	
10		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	LIENCE OF	THE TANK			1		
otho		underlying couse lost.	(c)	OLIVEE OI				V		
y. o.		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE OR CON	DITION GIVEN	N IN PART III	0,
2	NO NO	Color Williams								
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORM	MED	20a AUTOPSY?		WERE FINDIN	
2/	E						YES NO.	YES	_	NO [
9/	1 8	210. ACCIDENT WAS UNDERLYING	LIGHT A AL MONTH	DAY YEAR	21t. HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
61	ICAL	OR CONTRIBUTING CAUSE OF D	Calli	19						
1/6	E	214 INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION	1	CITY OF TO	WN	COUNTY	51
P.	2	MHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	SIREE		CHYORIO		COOMIT	31
Ē.			pital) attended the deceased from	10/13	184.	19	10 10	Up 15	28	that (1) (v
2	100	sow the deceased alive a	n 10/26 19	-1	nd that in (my) (o	ur) opinion d	eoth occurred on the d	ate and hour o		, ,
6	152	The SIGNATURE	not) view the body ofter death.	,	DEGREE				22c DATE	SIGNED
	13	of of	Tha -	N	ATI	ENDING	MEDICAL STA	FF _		
+	1	THE RESIDENCE AND ADDRESS OF THE PERSON OF T	Mines	- ''	22e ADDRESS	YSICIAN W	DIRECTOR PHYSIC	IAN	~ ^ /	_^
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3/		John C. Ka	MARIN		17015	, www		70 J- C	1	707
		BURIAL, CREMATION, REMOVA			EMETERY OR CR		23d. LOCATION		COUNTY	51
-			ctober 31, 1984		Lincoln					
83 00	24 F	UNERAL DIRECTOR Lee	Funeral Home, In	nc.			REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNAT	URE
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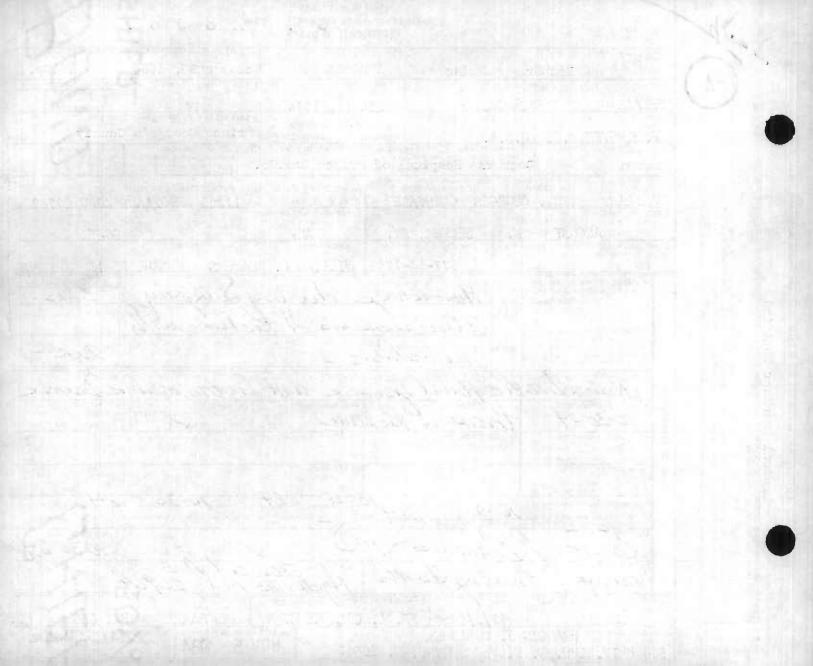
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tantini , oc aper cons	.5	I (II) Yalinga III (II) Yalinga III (III) Yalinga	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME KNOWN X MONTH 1984 (TYPE OR PRINT) 9:35 ESTI-14 10 DEATH MATED SADIE DEAN Marie D. M 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS DATE 84 LAST BIRTHDAY) 10 14 PRONOUNCED White emale Feb. 8 1907 DB 76 CITIZEN OF WHAT COUNTRY O BIRTHPLACE (STATE OR 1-BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. U.S.A. WIDOWED T DIVORCED Prince George's 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION D. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Southern Mary Tand Hospital Clinton Housewife N/A USUAL RESIDENCE (IF IN NURSING TOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 22980 COUNTY 13d. INSIDE CITY LIMITS? Rte. 3. B 13r. CITY OR TOWN Box 110 Virginia Augusta Waynesboro NOT 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Edward MIDDLE AUDDLE DeMar Martha Moore 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT Prince George Washington, Md. YES NO, OR UNKNOWN 224-68-5340 James E. Dean. Jr. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: NTAL HYGIENE, OR REMOVAL. IMMEDIATE CAUSE (o) Hypertensive cardiovascular disease DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF PRIOR TO BUR YES [NO X BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE TO MELLE CENTER CENTER SECULIE ME PAGE 4 SHOULD BE PLOY TO FUNERAL DIRECTOR: PY AFTER BEATH, WITH THE ST PALLIMORE, MARYLAND, 7 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinion Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) 10/15/1984 DATE Deputy MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct., Temple Hills. Md. Augusto P. Rodriguez, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY Burial Cedar Hill Cemetery Suitland 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAL 6160 Oxon Hill Rd. **DHMH - 17** George P. Kalas Funeral Home Oxon Hill. Md. (VR A15 ME (5))

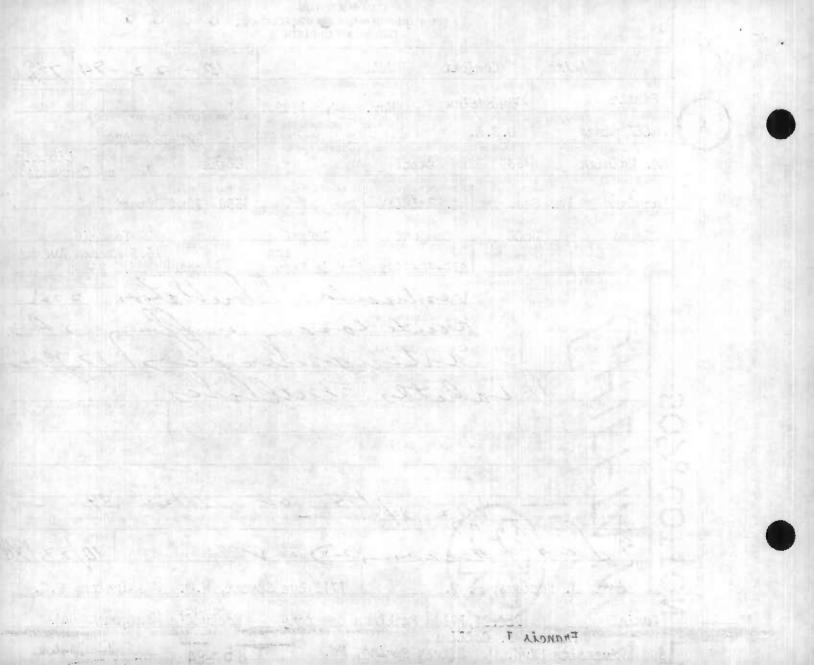
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STATE OF MARYLAND

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STATE OF MARYLAND



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR		CERTITI	CAIL OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE		121	28. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYPE	OR PRINT) DELLA	В.	D.	EVINE	10	22 84 9:15 P.M
	3. SEX	(4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IE UNDER 24 HRS
		Female	White	Feb	12,1898	86 YR	1.00.0
14		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OR COU	NTY OF DEATH
11		shington DC	USA	WIDOWE		DDINGE CEODG	CC_COLINETY MD.
11/2		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		R OTHER INSTITUTION	THE OF WORK FOR MOST OF WORKIN	
50	_ 0	TATION ATD			HOCDITAL	Sales Lad	
H	US U id 13a S	TATE 13b. COUNTY			113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	ODE 20744
11			G Ft.	Washing		7904 Prince	Georges Drive
1//		THER'S NAME Charles	MIDDLE .	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
al				Barnes	Ida	V.	Donaldson
		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	AL SECURITY NO	17 INFORMANT		
/	N	IO	577-	26-2281	Katherine '	V. Dean	Same as #13
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	lly one couse per line for to	1, (b), and (c).1	STAGETS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE (a)	Life	STRUKES		19EMAC
			DUE TO, OR AS A CO	NSEQUENCE OF			
-6	100	Conditions, if any, which gave rise to immediate	(b)				
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF			
			(_{[c)}				
	Z	4 4 4 6 4	COLON.	ING TO DEATH BUT	ED OSCUB	AINAL DISEASE OR CONDITION	
1	ATIC	19g DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	_, _,	20g AUTOPSY? 206 IF	YES, WERE FINDINGS USED
X	CERTIFICATION					YES NO IN CE	RTIFYING CAUSES OF DEATH? YES NO NO
17	CERT	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
7		OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR			
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	1	211. LOCATION	CITY OR IOWN	COUNTY STATE
100	A	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR	Y, OEEICE, EARM, ETC)	STREET	CHYORIOWN	COOMITY
		22a) certify that (I) (this haspi	hal) attended the decease	d from 91	23 19.84		
		sow the deceased alive on above, (I) (mu) (did) (did as	15/01	19 <u>84</u> .on	d that in (my) (mu) opinion	death occurred on the date and	hour and from the couses stated
		226. SAS NATURE	T view the body diter dear		DEGREE		221. DATE SIGNED
	14	MU	V	n	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/22/84
1		22 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		
/		P.WISOTSKI	m.D.		16188 OXON	HILL Rd.,	DXON HICL, MY
1	23a B	BURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY
	Bu	rial	10-25-84	Cedar F	Hill Cemete	Caratian	d PG Md
3	24. FL	NERAL DIRECTOR E.	Wilhelm	ADDRESS	25a DAI	E REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE
		Funeral H	ome	Suitla	and, Md CCT	3 0 1984 46 1	Alex Dans

DHMH - 16 50M 4/8 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burnal-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 8

CERTIFICATE OF DEATH

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STATE OF MARYLAND

dereid Mondrew 1 Dickinson, Mr. 1 10 07 87 Seeks Mele Cau. Feb. 25,1914 78 .A.8.0 Various it vol. i.u. reserve to the transfer u.t. Lovet Darvignd Chrise telept x 5102 C Shepherd Dr. 20601 Urbank Dickingon Lillie Creen ND ------ STR-07-4557 Februaret W. Dickinson same St 13 E PERENT POLICE TO THE WHITE ENGLISH TO THE 18-12-64 Ft. Lincoln Cam. Colour Manor, F.G. Md.

FOR DEPARTMENT OF HEALTH AND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0 -

1	ECEASED NAME	FIRST	1	MIDDIE	LAST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
		Charle	28	S.	Doane	Jr.		10 8	84	9:55A
3 SI	EX		4 RACE	5.	DATE OF BIRT		6 AGE (IN YEARS LAST BIR		TE UNDER I YEAR	IF UNDER 24 HRS
M	ale		Cauc.			20 16	68	YRS.	ONTHS DAYS	HOURS
7a. E	BIRTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.		urura u taara 🗖	9. BALTIMORE CITY		OF DEATH	
	New York		USA		VIDOWED	NEVER MARRIED U	Prince Ge	erge		
10 (ITY OR TOWN OF D	EATH		HOSPITAL, NURSING	HOME OR OTH		12a USUAL OCCUPAT	ION	12b. KIND C	F BUSINESS O
Ch	everly		Prince	George Ger	neral H	ospital	Statistic	ian	US A1	r Ferce
USC	JAL RESIDENCE (IF N		OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADA	MISSION)		1			
M	aryland	Pr.	George	Suitland	YES	NO [3398 Curt	is Dr.	#203	20746
14. F	ATHER'S NAME		MIDDLE	IAST	15 M	OTHER'S MAIDEN NA	4140015		145	
	Charle		S.	Doane, S	Sr.	Virgin	ia		Ball	ou
16a	WAS DECEASED EVE	R IN U.S. AR	MED FORCES?	16b. SOCIAL SECURIT	Y NO 17 IN	FORMANT	ADDR	ESS		
	YES NO OR UNKNOWN)	WWII	E WAR OR DATES)	107-01-911	16 Ca	therine R.	Doane same	as it	em 13	
_	IR CAUSE OF DEA	ATH (Enter on	ly one couse ner	line far (o), (b), and ic	1.1	-			APPROX	MATE INTERVAL
CERTIFICATION	PART 2 OTHER SH			DNTRIBUTING TO DEA			20a AUTOPSY?	20b. IF YES,	WERE FINDING CAUSES	
02							YES I NOIX			
	OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH DAY	YEAR	HOW INJURY OCCUR	YES NO X	YES		OF DEATH?
MEDICAL CE	OR CONTRIBUTING [[IF EITHER NOTIFY ME 21d INJURY OCCU	CAUSE OF DEA EDICAL EXAMINER JRRED	HOUR A.	M. MONTH DAY M.	YEAR 19	OCATION STREET		YES		
	OR CONTRIBUTING [IF EITHER, NOTIFY ME 21d. INJURY OCCU WHILE AT WORK 220 I certify that saw the decei	CAUSE OF DEA	HOUR A. 2 le PLACE ((AT HOME STR	M. MONTH DAY M. OF INJURY REET, FACTORY OFFICE, FARM THE deceosed from THE DECENSION OF THE DAY THE DA	YEAR 19 211 t 9 - 23 4 , and that	OCATION SIREET 19 in (my) (corr) opinion E ATTENDING PHYSICIAN ADDRESS	CITY OR TO to death occurred on the d MEDICAL STA DIRECTOR PHYSIC	YES WN WN lote and hour	county	STATE that (I) (we) k couses stated
MEDICAL	OR CONTRIBUTING (IF EITHER NOTIFY MI 21d. INJURY OCCU WHILE NOT AT WORK AT WORK 22a L certify that saw the dece	CAUSE OF DEA	P. 21e PLACE (AT HOME STR	M. MONTH DAY M. OF INJURY REET, FACTORY OFFICE, FARM Re deceosed from Softer deoth. 19	YEAR 19 211 t 9 - Z 4, and that	OCATION SIREET 19 in (my) (corr) opinion E ATTENDING PHYSICIAN ADDRESS	CITY OR TO	YES WN WN lote and hour	COUNTY 9 84 ond fram the	STATE that (I) (we) k couses stated

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After

should be detoched for use as the burial-transit permit. Then please remove carbonpapei with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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Prince Georges COUNTY 17b. KIND OF BUSINESS OR INDUSTRY XXXXXX (21117)5 GREEN MOUNTAIN CT., APT. 5A NOLL 20904 ALLAN DORIS 14908 NOTLEY RD. SILVER SPRING, MI APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 831 University Blvd. Silver Spring, MD BURTAI TIFERETH ISRAEL CEM ROSEDALE BALTIMORE MARYLAND 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR SIGNA A DENGLEDO SOL LEVINSON & BROSS, INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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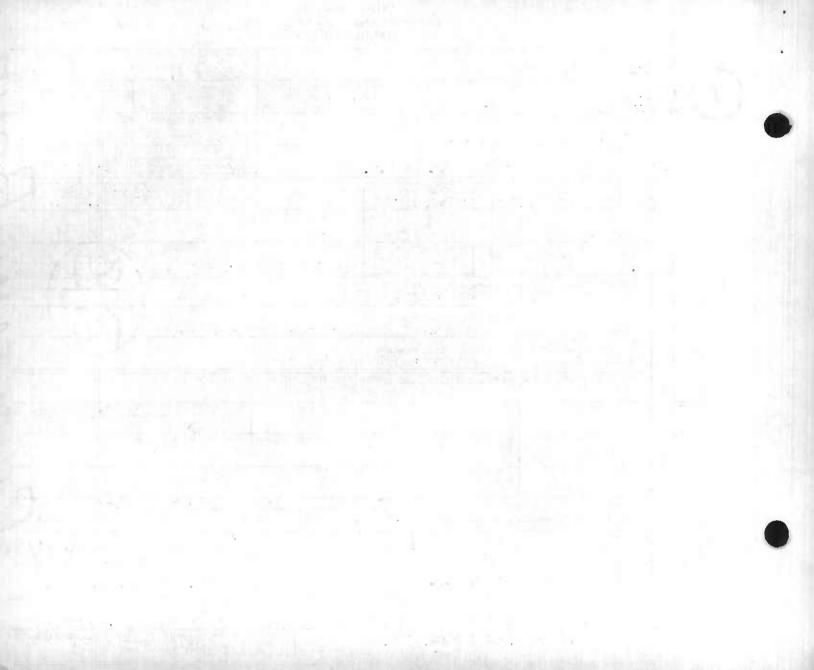
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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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	CEASED NAME	FIRST	,	MIDDLE	1	AST		20. DATE OF DEATH	HIMON	DAY YEAR	26 HOU	R
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3_SE	Х	0.71	4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER TYEAR	IF UNDER	
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II CI	ITY OR TOWN OF	DEATH		HOSPITAL, NURSIN				12a USUAL OCCUPATE		12b. KIND C	OF BUSINE	SS OF
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Benning Road, NET

DHMH = 16 50M 4/83 (VRA 15, 4) 14 FUNERAL DIRECTO

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR STATE REGISTRAR

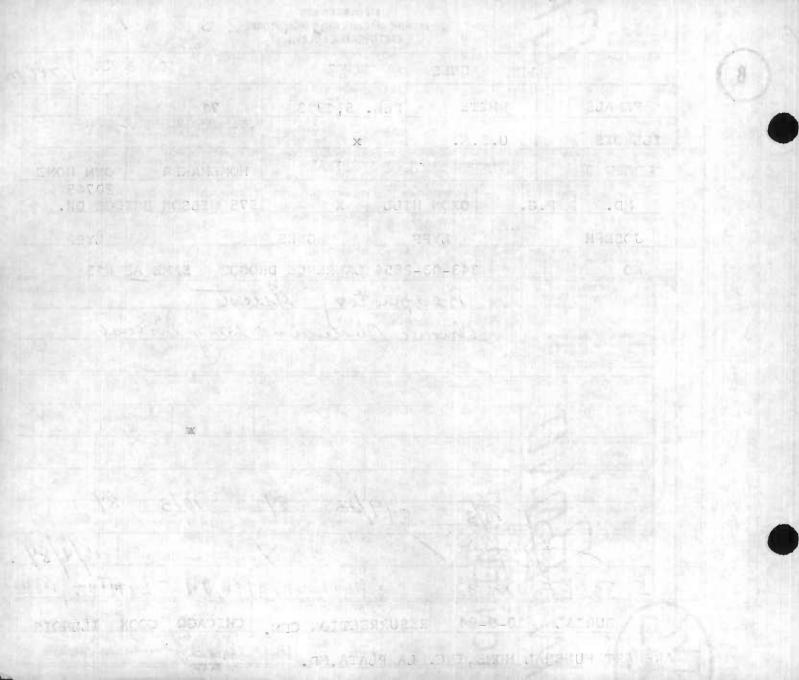
FUNERAL HOME INC.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2
CERTIFICATE OF DEATH REG. NO.

	1. DECEASED NAME FIRST	WIDDLE	LAST			MONTH DAY	YEAR	26 HOUR	
	(TYPE OR PRINT) ANGEL	INE AGNES	DROGO)Z		10 3	84	1:21	P.No
	3. SEX 4.	RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 2	
	FEMALE	WHITE	FEB. 5,	1913 YEAR	71	YRS	NIHS DAYS	HOURS	MIN.
	70 BIRTHPLACE (STATE OR FOREIGN 76. COUNTRY) ILLNOIS	U.S.A.	MARRIED L NEVE		PRINCE GEORGES		COUNTY MD.		MD
	10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN		R INSTITUTION 1	120. USUAL OCCUPATION		126. KIND O	F BUSINES	
2	CLINTON MD		JTHERN MARYLAND HOSPITAL		HOMEMAKE		OWN HOME		
	USUAL RESIDENCE (IF NURSING HOME OR OTH 130 STATE 136 COUNTY				3e.STREET ADDRESS /	ZIP CODE	2074	5	
P	MD. P.G	• OXON H			575 WILSO	N BRI	DGE I	DR.	
1	14 FATHER'S NAME FIRST MID	DDIE LAST LYPP	15. MO	THER'S MAIDEN NAME FIRST AGNES	E MIDDLE		LAS		
£	160. WAS DECEASED EVER IN U.S. ARME		RITY NO. 17 INF	ORMANT	ADDRE	SS	LIYE	, Р	
	(YES, NO OR UNKNOWN) (IF YES GIVE W		2654 LAW	RENCE DRO	OGOZ SA	ME AS	#13	S. A.	
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2	S 190 DATE OF OPERATION	198 CONDITION FOR WHICH	n for which operation was performed		200 AUTOPST?		, WERE FINDINGS USED YING CAUSES OF DEATH?		
Ġ.					YES NO	YES [CAUSES		
-	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	DW INJURY OCCURRED		YES [
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	OR CONTRIBUTING CAUSE OF DEATH (# EITHER NOTE! MEDICAL EXAMINER) 21d INJURY OCCURRED WHIE AT WORK 22d I certify that (I) (this hospital sow the deceased aliveron obove, (I) (we) (did) (d.1 in a line)	HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.) ottender In receosed from 19	AY YEAR 19 211 LO ARM, ETC) 211 LO	OCATION	D (ENTER NATURE OF INJUR	YES [YIN ITEM 18 PART	COUNTY	state of the state	e) lost
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24 FUNERAL DIRECTOR Lee Funeral Home, Inc.

Old Alexander Ferry Road, Clinton, Maryland

DHMH - 16 50M 4/B3

(VRA 15, 4) 6633

Odtober 11, 1984 Cedar Hill Cemetery

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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE 2

CERTIFICATE OF DEATH

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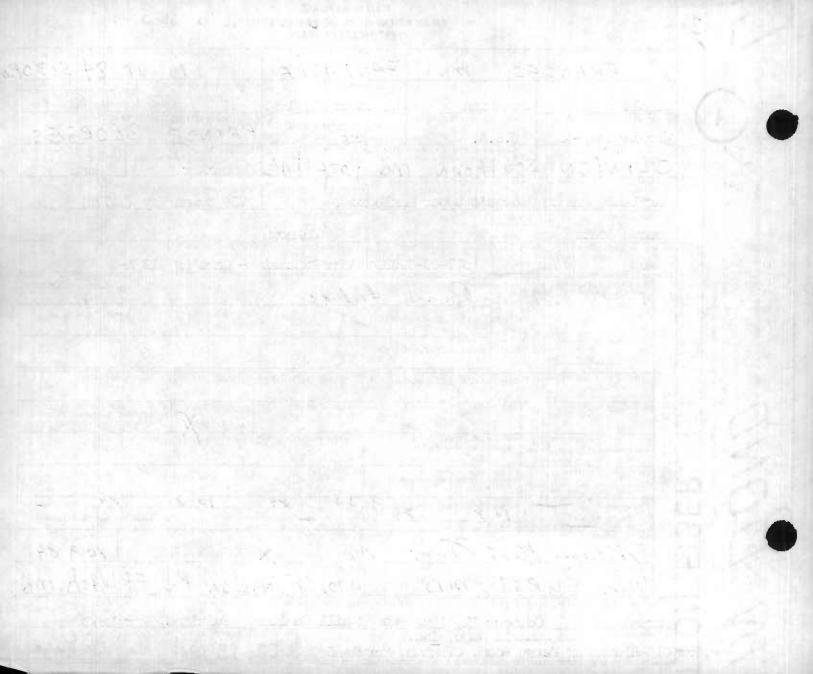
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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3. SE 170. B	x ROB			
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/	TEVERLY		ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (19PE OF WORK FOR MOST OF WORKING LIFE) (Carpenter Cab. Make)
130	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Aryland P. G	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136. CITY OR TO FORCES	TVILLE YES TO NO	5296 Mariboro Pike.#107
5	ATHER'S NAME PIRST	Fewel's	Margaret	MIDDLE Dunlaps
160	WAS DECEASED EVER IN U.S. AI			ADDRESS Seat Place
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	220.1 certify that () (this hasp	atol) of the day of the day of the body of the day of the body of	and that in (m)() (our) apinion	n death occurred on the date and hour and from the causes stated
	274 PHYSICIAN'S NAME (1990)	, La	TIENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN
1		0		
	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OF CREMATORY ARMADE	CITY ON LOWAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE KNOWN TYPE OR PRINTS ESTI-Edward DEATH MATED 10-5 6. AGE (IN YEARS S. DATE OF BIRTH IF UNDER 1 YR. F UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED OUR 49 bohile DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED West Virginia USA ed County WIDOWED DIVORCED OR INDUSTRY CES 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Marketing Lanham Washington USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13d INSIDE CITY LIMITS? 12412 Shelter Lane Maryland Prince George's YES A NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Flaherty Edward Case Edith D. Winland 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? APP2412 Shelter Lane LYES NO OR UNKNOWN) YES - 1959 217-32-1934 Shirleyann Flaherty Bowie, MD 20715 DIVISI 18 CAUSE OF DEATH (Enter only one course perform for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Lesas elevatic Cardiovasculas/deseas IMMEDIATE CAUSE DUTTO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) ASA CERTIFICATION UID BE USED A
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TO BURIAL C 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PA 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion Notural causes Homicide Undetermined monner 10-5-84 TER DEATH, MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. 5009 Rayburn Ct., Temple Hills, Md. October 8, 230 BURIAL, CREMATION, REMOVAL 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cheltenham, Prince George's, MD Maryland Veterans Cem. Burial BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 16000 Annapolis Rd. **DHMH - 17** the Davidson Beall Funeral Home Bowie, MD 20715 (VR A15 ME (5)) 20M 4/82

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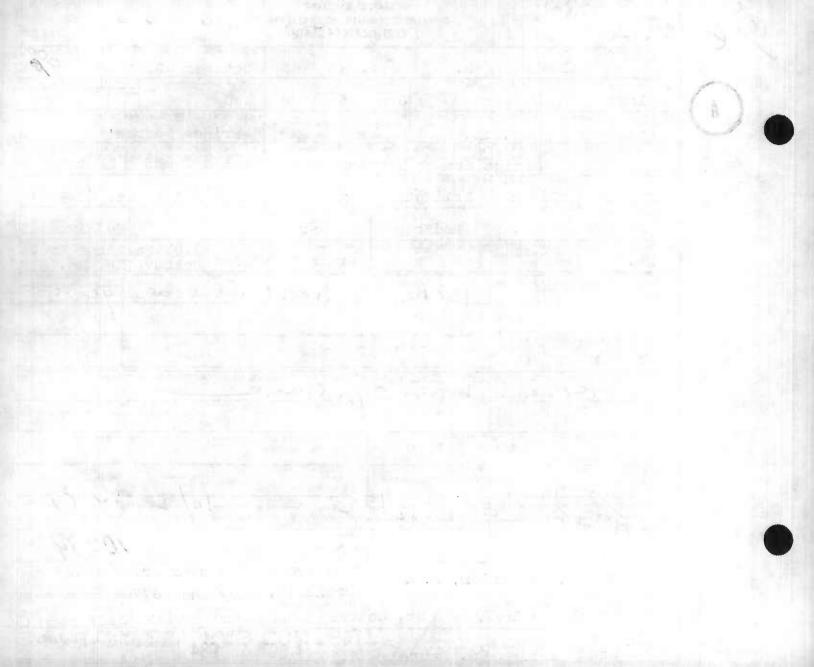
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FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	CEASED NAME	FIRST		MIDDLE	L	AST	T	20. DATE OF DEATH MONTH DA	AY YEAR	2b. HOUR
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3 SE	X	БОПСТ	4. RACE		5. DATE C	OF BIRTH	- 6	6. AGE (IN YEARS LAST BIRTHDAY)	F UNDER I YEAR	IF UNDER 24 HRS
	Male		White	2	12	20 17		66 YRS	ONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D & NEVER MARRIED		BALTIMORE CITY OR COUNTY		
1	Pennsylvan	ia	U.S.A.		WIDOWE	DIVORCED		Prince George's	Count	y MD.
10 C	ITY OR TOWN OF DE.		(IF NOT IN SUC	CH FACILITY, GIVE STREET	ODRESS)	OR OTHER INSTITUTION		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Supply Manager	12b. KIND O INDUSTRY Hecht	F BUSINESS OR Company
	anham	EINY: HOME OR		s Hospita		P.G. Count	y_l	Dupply Hallager	neene	Company
	STATE	13b COUN		13c. CITY OR TOW		13d. INSIDE CITY LIMIT	S?	13e.STREET ADDRESS / ZIP CODE		
	ryland	P.G.		Hyattsvi	lle_	YES NO		6615 Stanton Roa	d 207	84
14 F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN	MAN	WIDDLE	LAS	Ţ
1	William		Н.	Gore		Letoa			_Ho1.1	
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		GI JA
	Yes-Army		WAR OR DATES)	176-03-3	702	Lowine M.	Gor	e (Wife) Same a	s 13e	
	18 CAUSE OF DEAT			line for (o), (b), one	lion S				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
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	Conditions, if any		(b)	www	1 100	Works I	4		-	
18	couse (o), stoli	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF				3.45	
100	underlying coust	e lost	(c)_							
1,	PART 2. OTHER SIG	NIFICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERMIN	NAL DISEASE OR CONDITION GIVE	N IN PART 1	0.
CERTIFICATION										
N S	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED			WERE FINDING CAUSES	
	S. Programme							YES NO YES		NO 🗌
1	210. ACCIDENT WAS UN	hou	21b. TIME C	OF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OC	CURRE	ED (ENTER NATURE OF MAN PHILLE IS PA	RTTORPART?)	
¥	OR CONTRIBUTING		4179	Μ.	19					
MEDICAL	21d. INJURY OCCUR		21e PLACE		- 11	211. LOCATION		CITY OF TOWN	COUNTY	STATE
Z	WHILE NOT W	HILE [(AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC 1	STREET		A	COUNT	STATE
	22a I certify that (I		tol\ attanded#h	a decented from	- 5	P/1- 10	73	10 () C+	. 84	that (I) (we) lost
	saw the deceas	sed alive on	11/	7 19_	74.0	nd that in (my) (our) opi	nion de	eoth occurred on the date and hour		, , ,
	above, (I),(we) ('did) (did no	t) view the ddy	offer death.		DEGREE	-		THE DATE	SIGNED
	mi	14m	D. M	Utz/	w	ATTENDIN PHYSICIA		DIRECTOR PHYSICIAN	10/3/	184
	MARGIN	WED	TZ 7676	NEWSHO	mpsh	The Allmu	e li	ungley Rush A	15 W	1783
	BURIAL, CREMATION	, REMOVAL		The second second		EMETERY OR CREMATO		23 OCATION CITY OR TOWN	COUNTY	STATE
	Burlal		10/7/8	34 Cr	ownsv	ille Vet.Ce		Crownsville A		aryland
	UNERAL DIRECTOR			ADDRESS			DATE	REC'D. BY REGISTRAR 256. REGISTR		
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DHMH - 16 50M 4/83 (VRA 15, 4)

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this certificate has been signed by the attending physicion and campletely filled in by the funeral director. page 3 he buriol-transit permit. Then please remove carbonpapers, Pages 1 and 2 should be filed within 72 hours after death use as the buriol-transit permit. Then please remove carbonpape: Health and Mental Hygiene priar to burial, cremation, or removal. ealth and me....s s marked or Hem 18 shar should be detached far use as with the State Dept. of Health etoined by the hospital ar TO FUNERAL DIRECTOR. IMPORTANT: If them 21 is

		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N				
O. DATE OF DEATH	MONTH	DAY	YEAR	
October :	24,19	84		11:

1. DECEASED NAME (TYPE OR PRINT)	^{FIRST} Char		Charles		Green		October 2	4,198	B4	YEAR	2b HOL	15P _M
3. SEX Male		4. RACE Whi	te	S. DATE C		, 1967	6. AGE (IN YEARS LAST BIRT		MONTHS.	R I YEAR DAYS	IF UNDER	24 HRS MIN
70. BIRTHPLACE (STATE COUNTRY) TRNN.		USA	WHAT COUNTRY?	MARRIE WIDOWE	D T NEVI	ER MARRIED DIVORCED	9 BALTIMORE CITY OF Prince Geo	rges	Cour	nty	F BUSINI	MD.
Laurel		Greate:	r laurel	Belts			Labor		LIFE) IN		enar	
USUAL RESIDENCE (IF) 130 STATE Md.	13b COU		ISE CITY OR TOW Laurel		YES 🔼	E CITY LIMITS?	13 STREET ADDRESS / 8964 Cher	ry L	ene-	20	708	
14 FATHER'S NAME FIRST Un	known	WIDDIE	Green			er's maiden nam Jnknown	- MIDDLE	Unkn	own	LAS	ы	
160 WAS DECEASED EN		RMED FORCES?	166 SOCIAL SECU		17 INFOR	h Green	Same		13			
	IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	Ly DI	SEASE	INAL DISEASE OR CONI	20b. IF Y	ES, WER	E FINDI	NGS USE	D
RTIFIC		7 21b. TIME C			Tai Hou	This was a country	YES NO		YES 🗌		OF DEA	
OR CONTRIBUTING (IF EITHER NOTIFY: 21d INJURY OCC WHILE NO	CAUSE OF DI	HOUR A.	M. MONTH DA	19	21t LOC		CITY OR TO			DUNTY		STATE
22a I certify tho	t (1) (this hosp	otal) attended on a control of the c	19	1	nd that in (ATTENDING _	death occurred on the do	F	-	rom the	that (I) (couses st	
THE PHYSICIARY	7	ACHADO)		321	A	GEORGE	ST		1-1-		,
230. BURIAL, CREMATION	on, remova	236. DATE OCT - 27		NAME OF C		OR CREMATORY	23d LOCATION ETCHTSON	M	ONT	чтү	MD	STATE

DHMH - 16 50M 4/83

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

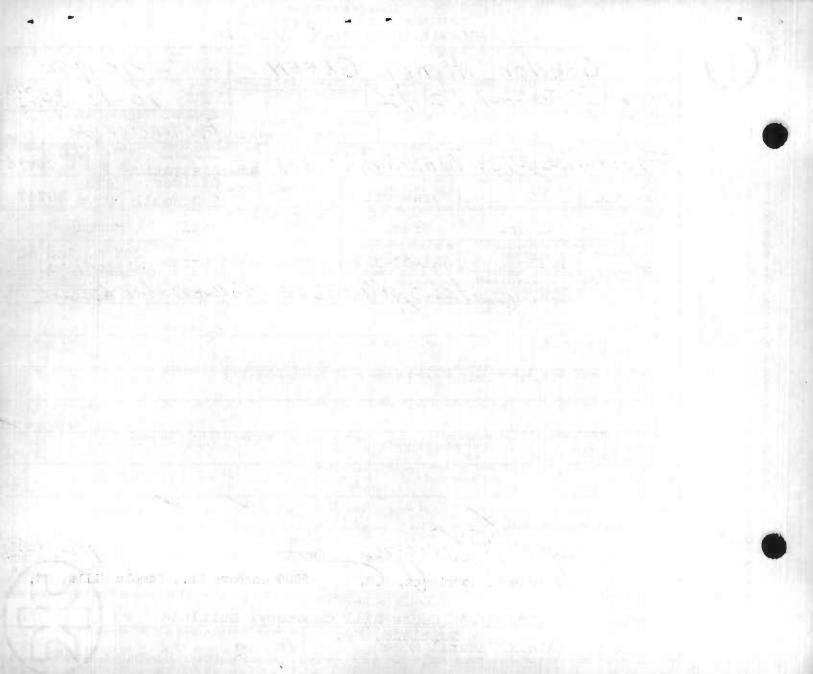
24 FUNERAL DIRECTOR
NAME
FRANCIS H (VRA 15, 4)

H. BARBER

LAYTONSVILLE, MD. 20879



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE ERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED DEAD 70 BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY 5 FOR WIDOWED P AND 3 TO ITE. RETAIN PAGE 5 R. Canada USA DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS U S Gov 't Administrative USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONIE #301 30 STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 20747 Maryland PG Forestville 3739 Donnell Drive 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Jane Ann John Murray Green Albert 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 208 N. 2nd St (IF YES, GIVE WAR OR DATES) 521-03-3133 Gordon David Green WWII Yes Oakland. 18 CAUSE OF DEATH (Enter only one cause portine for (a), (b), and (c).) PART I DEATH WAS CAUSED BY MENTAL HYGIEN N. OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES T NO Z SE 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UNDERLYING PM 21e PLACE OF INJURY (AT HOME 71f LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTETHE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE OF BAUTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM FIC 1 STREET CITY OR TOWN STATE COUNT WHILE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from: Natural causes Suicide Homicide L Undetermined monner TITLE (SPECIFY) Deputy 5009 Rayburn Ct., Temple Hills, Md. EXAMINER'S NAME VAugusto P. Rodriguez, M.D. ADDRES 23d LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY PG Md Suitland Cedar Hill Cemetery 10/20/84 Burial BP 24 FUNERAL DIRECTOR REGISTRAR 1256 REGISTRAR'S SIGNATURE Suitland, Md. **DHMH - 17** Wilhelm Funeral Home Robert E. (VR A15 ME (5)) 20M 4/B2



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deoth. Page 4 may be

within 24 hours ofter

completely filled in by il

corbon popers. Poges , or removol.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

HOSPITAL OR ATTENDING PHYSICIAN: The

etoined by the hospital or

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FOR DEPARTMENT OF HEALT

STATE
REGISTRAR

STATE
CERTIFICAT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

8	3	6	8
			30.55

	CEASED NAME	FIRST	N	AIDDLE	U	AST	1000	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE	OR PRINT)	illiam	Iv	an	GRE	EENE		October	21,1	.984	11:24
3. SE)			RACE		S. DATE O			6. AGE (IN YEARS LAS	T BIRTHDAY}	MONIHS DAYS	
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10 CI	TY OR TOWN OF DE	ATH 1		OSPITAL, NURS		R OTHER INSTI	NOITUTI	120. USUAL OCCUP		LIFE) INDUSTRY	OF BUSINESS
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14 FA	ATHER'S NAME FIRST	M	DDLE	LAST		15. MOTHER'S	MAIDEN NAA	AE MIDDL	E		AST
	ohn		W.	Gree		Bessi			22500 000	Hay	
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Y	es-Army	W.W.	II	226-24-	0144	Ann Cl	ayton	Fort Wa	ashing	ton, Md	20744
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TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VACUE 4 SHOULD BE FORWATO TO FUNRAL DIRECTOR: PARTER DEATH, WITH THE STARBALTIMORE, MARYLAND, 21			I taok charge of t		Accident ,	Suicide 🔲	Hamicide TITLE (SPECIFY) Deputy	Undetermined	monner .	DATE SIGNED	-6-84
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BP		UNERAL DIRECTOR		t 10,8	4 Cedar	нтт	. Cemete	ry Sult	land	PG	Md
DHMH - 17 (VR A15 ME (5))			al Home		Suitland	5M F	00	T 9 1984	4		

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Adverto . To winner, H.D. 2009 Rayburn No., Termic billin, sd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO. DECEASED NAME 2a. DATE KNOWNXX MONTH (TYPE OR PRINT) 10-4-84 ESTI-ROBERT M. DEATH MATED GROVES SEX 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS DAY 2d HOUR DATE April 22 PRONOUNCED 10-4-84 3:45P 936 48 White Male DEAD 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland U.S.A. Prince George's County DIVORCED WIDOWED ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION TIP NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
reater Laurel Beltsville Hospital Installer OR INDUSTRY AT&T Greater Laurel Laurel | 13d. INSIDE CITY LIMITS? | 13-STREET ADDRESS | Street 20906 Maryland Silver Spring YES Montgomery 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME A MIDDLE Alexander Groves Eva Beaman 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Yes no or unknown) Nat Gaurd 219-34-8439 Kathleen Groves Same as #13e 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) USED AS A BURIAL - TRANSITH OF HEALTH AND MENTAL RIAL, CREMATION, OR RE DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO A BELICAL EXAMINER: INJUSTICE THE WORD "PRECED THE CHIEF I PAGE SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE AFTER DEPARTMENT OF H 28 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 716 TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM FIC 1 CITY OF TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes XX death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 10-5-84 M.D. Assistant MEDICAL EXAMINER SIGNATURE Margarita A. Korell, M.D. EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 10/8/84 Union Cemetery Burtonsville, Maryland BP 24 FUNERAL DIRECTOR FLECK FUNERAL HOME INC. 25a. DATE REC'D. BY REGISTRAR relia Davidson-Mandale **DHMH - 17** Sandy Spring Rd. Laurel, Md (VR A15 ME (5)) 20M 4/B2

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2

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NOLLINS FUNERAL HOME, INC. 4339 HUNT PLACE, M.E. WASHINGTON, D.C. 20019

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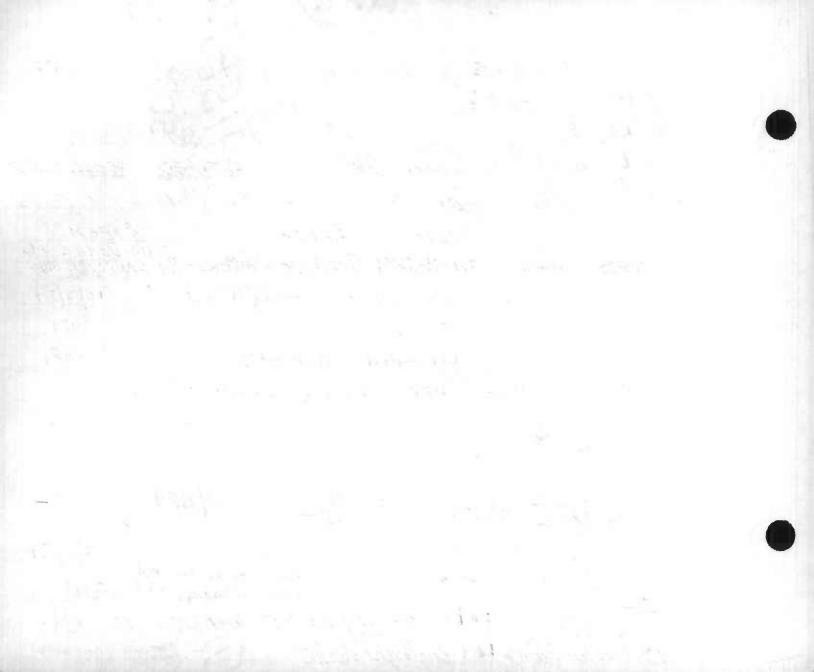
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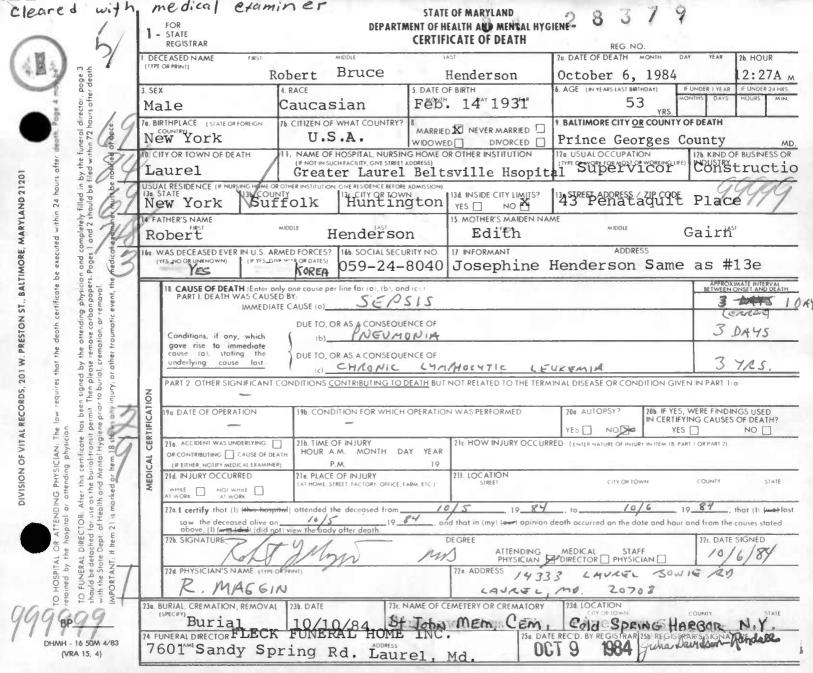
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I DECEASED NAME 26 HOUR [TYPE OR PRINT) AMF 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Black 1920 **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED DIVORCED (IF NURSING HOME OR OTHER INSTITUTION. 4 FATHER'S NAME WILKINS 1024-41 STSE WISH DO -orraine -0008 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Shoc Conditions, il ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse Diabetes meller Preumotherax Proumo per to neum 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY STREET CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) WHILE D NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from. saw the deceased alive on 10 - 21 obove, (1) (we) (did) (did not) view the bod and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS the the IMPORT MAHESH CHANDRA MO shoul 230. BURIAL, CREMATION, REMOVAL Harmony Mem. Par 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4)

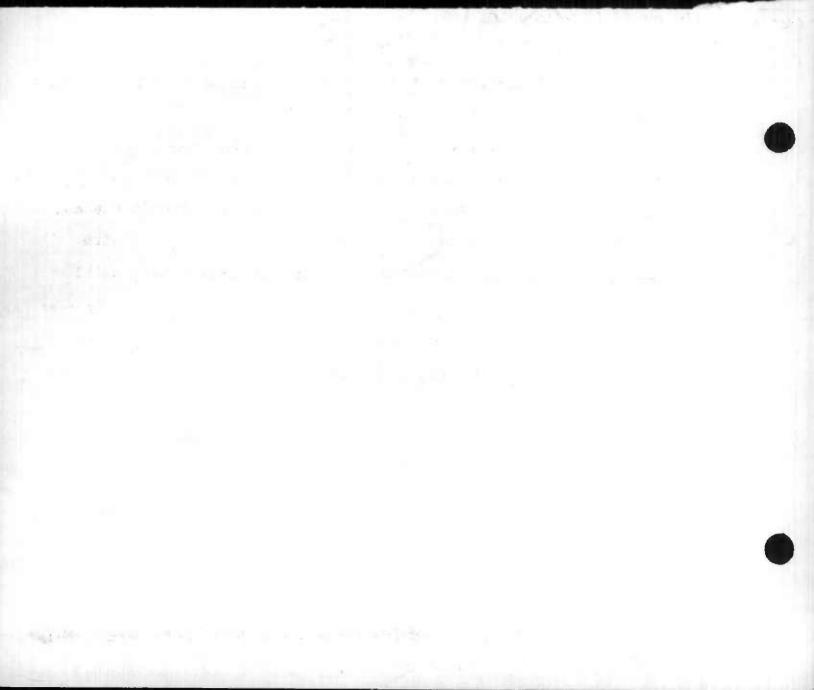
male Black Feb. 37 Mag 64 South Carelina M.S.A. _____ Merace George E.T. ___ I with a southeast you has sind thesser the lawner OC. DO WISHING V 1024-4TS STOR THE Joseph Harrison Mande Lenga Tree Till yes white structors Lothiums wilkins 1004-years and in AS ASSESSED FOR THE PARTY OF TH Burial 10=26-84 Harmon Menikik Lanham P.C. Ald WILD Chambers coinc 517H STS with the

STATE OF MARYLAND



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

FOR - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20. DATE OF DEATH MONTH DECEASED NAME 26 HOUR (TYPE OR PRINT) HEYWOOD October 27, 1984 Roger & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IE LINDER 24 HRS 4. RACE 5. DATE OF BIRTH 3. SEX AONTHS DAYS HOURS MONTH 1952 OCT. MALE BLACK BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COLINTRY PRINCE GEORGES CO. WIDOWED DIVORCED T JAMATCA 126 KIND OF BUSINESS OR 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 18 CITY OR TOWN OF DEATH (TYPE OF WORK EOR MOST OF WORKING LIFE) INDUSTRY (1E NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOWARD UNIV. DOCTORS HOSPITAL STUDENT LANHAM USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE GREENBELT YES XX CHERRYWOOD LA #30] Md. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE MIDDLE LAST FIRST LOLA COX DOUGLAS HEYWOOD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS MASS.02115 DR. ROBIN R. COX 114 NEW EDGERLY RD. BOSTON 7-02-2983 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which TH Months eduic gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost Diabete PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 (eve-19a DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF CERT 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 220 I certify that (I) (this hospital) attended the deceased from_ saw the deceased alive on 0-26- obove, (I) (we) (did) (did not) view the body after death & 🐫 , and that in (my) (our) opinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED 226. SIGNATURE DEGREE MEDICAL ATTENDING / STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Finn's LANE LANHAM DIBMALH KHOT FERNBACH 20706-23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN ISPECIFY) 10-30-1984 CHAMBERS CREMATORY CREMATION 24 FUNERAL DIRECTOR RIVERDALE, Md. W. CHAMBERS CO.

BP DHMH - 16 50M 4/83

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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) ESTI-FUNERAL DIRECTOR. 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET, Neta Hidlebaugh C. DEATH MATED 10/9/8419 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER TYR. IF UNDER 24 HRS DATE 11:2 LAST BIRTHDAY PRONOUNCED Fema le White May 8, 1909 75 10/9/84 A 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Towa WIDOWED [DIVORCED T Prince George's County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Prince George's Gen. HOspital Cheverly Machine Operator I.B.M. USUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13b COUNTY MD. 2120 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland P.G. Greenbelt 8501 Greenbelt Road 20770 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME BALTIMORE. Anderson Marie Hans Ane Hansen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1203 N. Brandon DIVISION (YES, NO. OR UNKNOWN) PAGES LIE YES GIVE WAR OR DATES Karen M. Shelton Ave. Sterling, Virginia 480-20-4665 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PERMIT. BETWEEN ONSET AND DEATH F MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION ACATE, WRITING THE W.C. CATE ME. CTOR: PAGE 3 SHOULD BE USED AS CTOR: PAGE 3 SHOULD BE USED AS CATE DEPARTMENT OF HEALTH CATE DEPARTMENT OF HEALTH CATE DEPARTMENT TO HEALTH CATE OF THE MEAN TO BURIELY. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INTURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING DOOR CONTRIBUTING CAUSE OF DEATH 11: 15 MCX 10/9/ 1984 subject driver in auto/auto collision 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. AT WORK AT WORLE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AETER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 27120 D STREET, FACTORY, FARM, ETC.) Intersection of Mandan & an & Greenbelt Rd., Greenbelt, Pr.Geoco., roadway 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry Accident XX death resulted from: Suicide Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 10/10/84 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Cremation Oct. 11, 1984 Ft. Lincoln Crematory BP Brentwood P.G. Maryland **DHMH - 17** F. Gasch's Sons F.H. P.A. Hyattsville, Maryland (VR A15 ME (5)) 20M 4/82

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG NO 2ª DATE OF DEATH I. DECEASED NAME FIRST 2b. HOUR TYPE OR PRINT Ethel R. 84 Hill 6:50 10 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR YEAR AONTHS DAYS HOURS MONTH Female Cauc. To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash D.C. USA Prince George WIDOWED ID CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) Southern Maryland Hospital Center INDUSTRY Clinton Dept. Stores USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 136 CITY OR TOWN Maryland Marlow Hghts 39h0 Bexley Pl. 20748 Pr. George YES DO NO [IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Ada Padgett Hardestry ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Md. IYES NO OR UNKNOWN) 579-26-8791 Kenneth Painter 5802 Lambert Dr. Temple Hills no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).) PART I DEATH WAS CAUSED BY 3 DAYS **PNEUMONTA** IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF YEARS EMPHYSEM Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION BREAST CANCER 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOA NO [21n ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH P.M LIF EITHER NOTHY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STREET AT HOME STREET FACTORY OFFICE FARM FICE 220 I certify that (I) (this haspital) attended the deceased from and that in (my) (50-) opinion death occurred on the date and hour and from the causes stated 226 DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL 10/3/84 PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS 271 PHYSICIAN'S NAME (TYPE OR PRINT) should be with the S 6188 Oxen Hill Rd. Oxen Hill, Md. 20715 Philip G. Wisetsky, M.D. 0 23t NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE Falls Church STATE Burial 10/6084 Nat. Memorial Park 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill. Md.

201 W. PRESTON ST.,

(VRA 15, 4)

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Funeral Home-4001 Benning Road

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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH, AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGICAL

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'	- STATE REGISTRAR				CERTIF	ICATE OF	DEATH	RE	G. NO.				
	CEASED NAME	FIRST	A	DDLE	L	AST		20 DATE OF DEA	нтиом НТ	DAY	YEAR	26 HOUR	
	e on railely	ELMER		W.	H	OWER .	Sr.		10	20	84	1:54	AM
3 SE	X	4 RACE			S. DATE C		MEAD	6. AGE (IN YEARS LA	ST SIRTHOAY]	MONTHS	OAYS	HOURS A	HRS MIN.
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-	ATHER'S NAME					15. MOTHE	R'S MAIDEN N						
10)scar	MIDDLE		Hower		Ma	rgaret	MID	1.		LAS	lem	
160	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFOR			DDRESS A	ddres			
	(YES, NO OR UNKNOWN)	Peacetin		579-16-	9033	Mrs.	Marian	V. Hower	Ne	o# 13	e.		
Ê	18 CAUSE OF DEAT					-				<u>"</u>	APPROX	MATE INTERVAL	į,
NO	PART 2 OTHER SIG	e lost.	(c)	AS A CONSEQUE		NOT RELAT	ED TO THE TER	MINAL DISEASE OR	CONDITION	GIVEN IN	PART 1	0	
CERTIFICATION	190 DATE OF OPERA	TION 19b	CONDIT	ION FOR WHICH	OPERATIO	N WAS PER	FORMED	200 AUTOPSY? YES ▼ NO	IN CE			NGS USED OF DEATH?	?
	210 ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH HO	TIME OF DUR A.A P.A	A. MONTH DA	YEAR	21c HOW	INJURY OCCU	RRED (ENIER NATURE O			R PART 2)		
MEDICAL	21d INJURY OCCUR	HILE (AT		OF INJURY ET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCA S16		СПУ	ORTOWN	co	OUNTY	STAT	E
			04	1 19 19 5		nd that in (n	ny) (our) opinion	n death occurred on	the date and		from the		,
	Davi	d M.	You	dman		MD.	THOREMA	MEDICAL DIRECTOR PR	STAFF HYSICIAN [] 2	10/2	SIGNED 22/8/	-
	David M	Goldman	, М.	D.		652		est Road -	Hyati	tsvil	le,	Maryla	and
23a	BURIAL, CREMATION,	REMOVAL 236. D	ATE	23c N	NAME OF C	EMETERY C	R CREMATORY	23d LOCATION			NII W		
	(SPECIFY) Runti	21 00	+ .94	1084 Ma	nulan	d Wat	Comet			COU		STAT	

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the furnity should be detached for use as the burial-transit permit. Then please remove corbanappers. Pages 1 and 2 should be filled in the should be detached for use as the burial-transit permit. Then please removion, or removal.

injury, or other troumotic event, th

MPORTANT: If Item 21 is marked or Item 18 shows any

16 50M 4/83

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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date of which manager framework As defent layer looked to. dina deth. Stront 20702 Shirt transferred In all or all - 1 MAGE 100000 201.0 na agent avertible on-the contract and the first the contract t The first of the state of the s C.V. may for the bivet unial cot. 11,130 Library Lund Cot. Content Chaftenhon 7. C. Konstand S. danglin Sonn J. L. M. Matteville, Morstand Ser

4	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3 8	9
ре 60 3	1. DECEASED NAME FIRST (TYPE OR PRINT) Nett	ie G.	Hudson	20 DATE OF DEATH MONTH OCt. 5	DAY YEAR 26. HOUR P 1984 12:05 M
	3. SEX Female	White	5. DATE OF BIRTH MONTH Aug. 27,1907	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolin	76. CITIZEN OF WHAT COUNTRY		Prince Geor	TY OF DEATH
rs ofter di	O CITY OR TOWN OF DEATH Upper Marlbord	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	126 KIND OF BUSINESS OR
24 hours 24 hours ould be fill must be fill	USUAL RESIDENCE (IF NURSING HOME C 130 STATE 13b. COU Maryland PG	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE DISTRIBUTION OF TOWN	RE ADMISSION)	13e.STREET ADDRESS / ZIP CO	DE 20772
MARYLA mapletely ond 2 sh	14 FATHER'S NAME FIRST Matt	MIDDLE LAST Newso	m Salley	ME MIDDLE	Evans
TIMORE,	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)	IVE WAR OR DATES)	urity No. 17 INFORMANT -3877 Samuel C.	Hudson S	ame as #13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 OF PHYSICIAN. The low requires that the death certificate be executed within 24 hours of the difference of the servicion on the completely filled in by the attending physician and completely filled in by the this certificate has been signed by the attending physician and completely filled in by the budil-transit permit. Then places remove contangency or removal in and Amental Hygiene prior to buriol, cremation, or removal and 2 shows ony injury, or other traumatic event, the medical examiner must be a stocked or term.	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOL	CASCELLACE ON	MINAL DISEASE OR CONDITION C	SIVEN IN PART Tra
TAL RECOR	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	The Burn	HOPERATION WAS PERFORMED	YES NO NO NO IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \)
VG PHYSICIAN: TI ottending physicial eter this certificate is the buriol-transit the dod, them 18 sh	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK	EATH HOUR A.M. MONTH	19 211. LOCATION	RRED {ENTER NATURE OF INJURY IN ITEM T	8 PART I OR PART 7} COUNTY STATE
R ATTENDIN hospitol or RECTOR. After the for use of the fer use of the fer the		on the deceased from 10 3 19 19 19 19 19 19 19 19 19 19 19 19 19	~ 11	death accurred on the date and h	22c. DATE SIGNED
O HOSPITAL O eroined by the Should be detacted with the Store D MPORTANT: It is	228. PHYSICIAN'S NAME (TYPE		22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	10.5-14
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BP DHMH - 16 50M 4/83 (VRA 15, 4)	Burial A FUNERAL REGION E. Funeral H	2 2 2 2 2 2 3	edar Hill Cemet Suitland, Md	JE PEC'D BY REGISTRAR 256. REG	PG Md ISTRAN'S SIGNATURE

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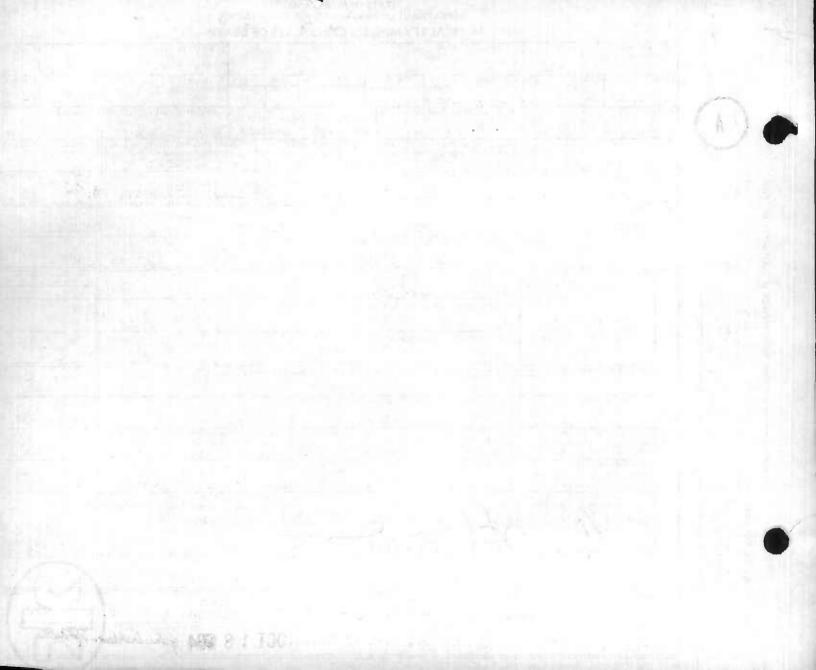
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	R: TH		22a. I certif	y that I toak charg	e ol the remains	described abo	ve. held on	Autapsy	. Inspe	ection .	Inquiry X	and in my	opinian	1
	AND A CHAN		death resulte		ol causes X,	Accident		ide .	Hamicide	7	ermined manner	Π.		
	ERTI ERTI ID B WITH WITH			7	2 /	21	2		TITLE (SPECIFY			UC 136		
	ALE HECHOLOGIE, WALL		SIGNATURE	t	1	10	Que	M.D			ICAL EXAMINER	DATE	ENED 10/20	0/84
	DEA SPET		EVAMINE	NAME =		/					ical examiner	1		
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		EXAMINERS I	Johr Johr	S. Rog						ring, Mor	itgomer	ry, Md.	
	ちかなる大学	23a B	URIAL, CREMAT	TION, REMOVAL 2			NAME OF CEM			CITY	OCATION OR TOWN	co	DUNTY 5	STATE
	BP		Buri		10/26/	84 Ha	rmony	Mem	orial l	Park,	Landove	r,P.G	Maryta	md
	DHMH - 17	35	NERAL DIREC	·Ave.NW	Wach	uneral	Home	011	75a. D.A	P. E. R. BA	DEGMON. 33	REGISTRAR'S	SIGNATURE	-
	(VR A15 ME (5)) 20M 4/82			• 21 0 C • 21 11	, Hasiit.	ing con,	20	OTT						

LILLIAN SHEET, LIKE IN without a special control w American Secretary Commencer Commenc

		1 -	FOR STATE REGISTRAR	DEPART	MENT OF H	OF MARYLAND EALTHAND MENTAL HYG ICATE OF DEATH	IERE 8 3 9	1	
9 (4)			EASED NAME FIRST MINNI	E B.		ACKSON	2a. DATE OF DEATH MONTH	5-84	6 00AM
oth. Page 4 may			Female	Black To CITIZEN OF WHAT COUNTRY	5. DATE O	DAY YEAR 18 1921 NEVER MARRIED	6 AGE (IN YEARS LAST BIRINDAY) 6 3 YE 9 BALTIMORE CITY OR COU	NTY OF DEATH	IF UNDER 24 HRS HOURS MIN.
ours ofter de e f	14	USÚZ	LE RESIDENCE LE NURSING HOME OR	11. NAME OF HOSPITAL, NURSH (IF NOT IN SUCH FACILITY, GIVE STREE PRINCE GEORGE'S OTHER INSTITUTION GIVE RESIDENCE BEFORE	NG HOME O T ADDRESS) GENER	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR WORK	126. KIND O	DF BUSINESS OR
ed within 24 ho mpletely filled and 2 should b	60	13a. S	TATE 136 COUN THER'S NAME	TY 13c. CITY OR TOV FAIRMOUM	VN . / I	13d. INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN NAM FIRST UNK NOWN			027
so ond co	1	(1	ES, NO OR UNKNOWN) (IF YES, GIVE		0357		nckson Imn		
quires that the death certificating and the attending physican please remove carbon particular, or removo ijury, or other traumatic event.			Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	y one couse per line to so, (b) or BY. E CAUSE (o) BR. DUE TO, OR AS A CONSEQU. (c) ADVAI ONDITIONS CONTRIBUTING TO	E R DENCE OF NCE I	ESPIRATOR SMPHX	SEMA INAL DISEASE OR CONDITION	2	
The low relicon.	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO		200 AUTOPSY? 206. IF	FYES, WERE FINDING CAUSES	
DING PHYSICIAN To or ottending physicia After this certificate cost the busici-transition and Mental Hygi marked or them 18 sh	2	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE ALL WORK ALL WORK 22d. I certify that (I) (this basait		FARM, ETC)	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEA	COUNTY	STATE that (1) (we) last
TO HOSPITAL OR ATTENION PROPERTY OF TO FUNERAL DIRECTORS, should be detoched for us, with the Stote Dept of Her WITHER TAILS.	,		sow the deceased alive an obove, (1) (we) (did) (did not 22b. SIGNATURE 224 PHYSICIAN'S TAME LIVE OF SHRIN VAS	Works bally offer death. 19	MJ. on	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN ONER RD CH	Hour and from the 22c. DATE 10/1	causes stated SIGNED
DHMH - 16 50M 4/83 (VRA 15, 4)		24 Ft	URIAL, CREMATION, REMOVAL SPECIFY) BURLIAL INERAL DIRECTOR 15, WAS LINGTO	10-13-84	1/19/2.	EMETERY OR CREMATORY ON Y MEM 250 DAT	ERECO. BY RIGHAR 25 LAG	COUNTY COUNTY	VIATE LANGUE AL

A SECTION OF THE PROPERTY OF A PARTY OF THE PARTY OF THE

2- 4	1-	FOR STATE REGISTRAR		ME	DEPARTME	NT OF HEAL	CERTIFICATI	AL HYGIENS	3 9 2	4	
P 1		CEASED NAME	FIRST		WIDDLE	THE S	LAST		DATE KNOWN		R 2b. HOUR
38 % % €	(TY	PE OR PRINT)	Sarah				ackson		OF ESTI-		1
PLEASE RECTOR. R FILES. HOURS	3 SE	X 4. RA		5. DATE OF BIRTH		AGE (IN YEARS IF		IDER 24 HRS. 2c.		MONTH DAY YE	AR 2d. HOUR
1	F		ACK	4 - 10	-1900	84 YRS.	DATS HOOK		DEAD	1.0-15 1984	
Ex Ex	a B	IRTHPLACE (STATE OF	R	76. CITIZEN OF WH	AT COUNTRY	? 8 MAI	RIED NEVER M	ARRIED - 9. E	SALTIMORE CITY O	R COUNTY OF DEATH	
AZ SA	V	IRGINIA		U. S.			27	ORCED D	rince Geo	rge's Count	Y, MD.
2 E 9 E 8 / /		ITY OR TOWN OF D		(IF NOT IN SUCH FAC	CILITY, GIVE STREET	(ADDRESS)	THER INSTITUTION	FOR MOS	OCCUPATION (TYPE FOR WORKING LIFE)	OF WORK 126 KIND OF OR INDU	STRY
A CAMPA		AL RESIDENCE (IF IN				ree Driv	re	HOU	SEKEEPER		
21201 AND 3 AND 3 RETAIL		ARYLAND	1136 COUN		13c. CITY OR		13d INSIDE CITY LIMI YES X NO	13e. STREET 1810	ADDRESS METZERO	TT, RD,	183
BALTIMORE, MD. S AFIER DEATH, IF GIVE PAGES 1, 2 TITH FORM PM 3 PAGES 1 AND 2 WISION OF VITA	14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S M	AIDEN NAME	WIDDLE	LAST	
AN PRESENTE	4_	CUNDIFF			UK			IGHEAD		CORDEL	IA
TIMOR FORM ON ON ON ON	160.	WAS DECEASED EVE YES, NO, OR UNKNOWN)		WED FORCES?		SECURITY NO.	17 INFORMANT	DAUGHTE	R ADDRESS		
TON ST., BALTIMO 24 HOURS AFTER LITEN B. GIVE PACIFICANG WITH FORM 1 PERMIT. PAGES 1. 1 GIENE, DIVISION C		NO				0 3034 A	BARBARA	S.PULLA	M SAM	E AS ABOVE	
	1	18. CAUSE OF DEA		ly ane cause per line DBY:						APPROXIM BETWEEN OF	ATE INTERVAL
ON TEN TEN SIEN VAL	5	189n=	IMMEDIAT	TE CAUSE (a)	AS A CONSE		tion				
HIN HEST	/	Canditions, if	any, which	DOE TO, OK	AS A CONSEC	JUENCE OF	1				
WIT		gave rise to cause (a) statio		(b)	AS A CONSEC	DUENCE OF					
COT W. PI		lying cause las		(1)	NO A CONSEC	3021100 01					
		PART 2 DTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED	TO THE TERMINAL DISE	ASE OR CONDITION GIVEN	IN PART 1 (g			
RECORDS D BE EXECTED TO BE EXECUTED TO BE EXECUTED.	Z										
S S S S S S S S S S S S S S S S S S S	CERTIFICATION	19a DATE OF OPER	RATION	196 CONDIT	ION FOR WH	ICH OPERATION	WAS PERFORMED?			20 AUTOP	SY?
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OF WENNERS		210 EXTERNAL CA	COD.	11b. TIME OF HOUR A.M.	MONTH DA	Y YEAR 21c.	HOW INJURY OCCU	JRRED LENTER HATE	IRE OF INJURY IN ITEM 18 P	ART I OR PART 2)	
ION INTERIOR	3	CONTRIBUTING	CAUSE OF D	EATH 3+1 XXX	10-1	5 19 84 5	ubject re	covered	from hous	e fire	
DIVISION REPEATED FOR SECOND S	MEDICAL	214 INJURY OCCU WHILE AT WORK AT	T WHILE O	STREET EACT	ORY, FARM, ETC.)		OCATION STREET		TY OR TOWN	COUNTY	STATE
= ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥		AT WORK AT	WORK	Ho	wine	9	07 Cyprus	Tree Dr	.,Fairmon	t Hgts.,Pri	nce
SEES SEES SEES SEES SEES SEES SEES SEE	2	27s. I certify tho	1 Look charg	e of the remain desc	bed abave,	held an Aut	opsy . Inspe	ection XX I	nquiry , Geo	rge's Co., N	a.
A PER	1	death resulted for	Matur	of couper A	Accident X	, Swede L	, Hamicide	Undeterm	ined manner .		
EXA GERT DIRE WARNI		ACTUAL A	101111	A HA	" Mi	Mil	M.D. Assista	Y)		DATE 1.0-15	01
SHE SHE	7	SIGNATURE	au	mo Kin	Jul		M.D. ASSISLA	MEDICA	LEXAMINER	DATE 1.0-15	7-04
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORT TO FUNERAL DIRECTOR: AFTER PEATH, WITHALHES BATTIMORE, MARYLAND		EXAMINER'S NAM (TYPE OR PRINT)	E Denr	nis F. Smy	th, M.	D.	_ADDRESS			., Md. 212	201
X09789	23a B	URIAL, CREMATION					OR CREMATORY	23d. LOCA City OR to		P.G.	MD.
BP	24 5	BURIAL UNERAL DIRECTOR		10-20-84	rE	SURRECTI	ON CEMETE	RY cli	nton		
DHMH - 17		NAME	TITTON	5635 P.	ADS ST	N.E. W	ASH.D.C.O	CT 1 R 1	DRA FILIA	STRAR'S SIGNATURE	DE.
(VR A15 ME (5)) 20M 4/B2	-	JAMES T. S	OLION	2022 2				0, 10	d		4



FOR

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY OTENE

Ι.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.			
	ECEASED NAME	FIRST	1	MIDDLE	l	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HQL	JR
1	PE OR PRINT)	Helen		G.	Jaco	ado	October 13	,1984		23	AM
3. S	EX		4 RACE		5. DATE C		6 AGE JIN YEARS LAST B		INDER I YEAR	IF UNDER	R 24 HRS
	Female		White		Octo	ber 25,1895	88	YRS		HOURS	M IN.
7a. (BIRTHPLACE (STATE O	R FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	FDEATH		N. 30
W.	ashington,	D.C.	United	States	WIDOWE	_	Prince Ge	orge			MD.
	anham	EATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	rsing Home	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Housewife	OF WORKING LIFE)	126 KIND C INDUSTRY at 1	home	ESS OR
130	ual residence (# NU STATE aryland	136 COUN	TY	GIVE RESIDENCE BEFORE 131. CITY OR TOW Chever	N	13d INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS 6314-Inwo	/ ZIP CODE od Stre	et 2	0785	
14_1	FATHER'S NAME FIRST Henry	٨	AIDDLÉ	Heinbuch	n	15 MOTHER'S MAIDEN NAM Sarah	ME MIDDLE		Mos	S S	
160	WAS DECEASED EVE		MED FORCES?	166. SOCIAL SECU		17. INFORMANT	ADD		100	11	
L	(YES, NO OR UNKNOWN)	(# 125,011	WAR OR DATES	578-62-49	920	Margaret M.Wi	llson(Daugh	iter)Sam			
Г	18 CAUSE OF DEA	TH (Enter onl	y one cause per	line for (a), (b), an	d (C.)				BETWEEN	MATE INTE	RVAL DEATH
	PART I. DEATH		E CAUSE (o)	rue	u	monea			- William		
			DUE TO, O	R AS ALEONSEQUE	NCE OF	- 1	20-2				
	Conditions, if or		((b)_	dias	sel	es mes	lite	الم			
	gave rise to in	ting the	DUE TO O	R AS A CONSEQUE	NCE OF	1	to.	0	-		
	underlying cou	se last	100	gener	al	used on	unio	3000	200	-	>
7		GNIFICANT	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN	IN PART 1	0	2, 20
Ē		471041	W 60.10	TION FOR THE STATE OF	OPERATIO	NAME DE DE CONTRO	Tan ANTONEYS	Tank IF VEC V	VEDE EINIDI	NOS NOS	
CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	NG CAUSES	OF DEA	TH?
ERT	21a. ACCIDENT WAS U	NDERLYING [21b. TIME O	F IN HIRY		21c HOW INJURY OCCUR	YES NO E	YES [NO [
		_	HOUR A.	M. MONTH DA	AY YEAR	The troop would be control	TED TENTER INVIORE OF INT	DAT IN IIEM TO TAKE	ONFARIE		
MEDICAL	116 EITHER, NOTIFY ME		P. 21e. PLACE		19	211 LOCATION					
ME	AALLIEE MOI	WHILE		PEET, FACTORY, OFFICE, F	ARM, ETC]	STREET	CITY OR T	OWN	COUNTY		STATE
	22a.l certify that	(I) (this hospit	ol) ottendedath	e deceased from	7	118 1080	10 1013	10	84	that (I) (we) lost
	sow the deced	osed alive on.	10/3	19_	84.0	nd that in (my) (our) opinion (death occurred on the	date and hour a	nd from the	causes st	ated
	226. SIGNATURE	(did) (did hai	w the body	affer death	0	DEGREE			22c. DATE	SIGNED	
	Le han	130	Bu	was	1	ATTENDING PHYSICIAN P	MEDICAL ST.	AFF ICIAN [7]	Oct	.15,	1984
1	224 PHYSICIAN'S	NAME (TYPE OF	PRINT			22e ADDRESS					
	Don B.Ca	umeron,	MD ,PA			6490-Landove	r Road, Chev	verly,Ma	rylan	d	
23a	BURIAL, CREMATION	N, REMOVAL	236 DATE			EMETERY OR CREMATORY	23d LOCATION		OUNTY		STATE
	Burial		Oct. 15	,1984 Mo	unt O	livet Cemetery	Washingt	on, D.C.	CONTY		STATE
1	FUNERAL DIRECTOR			ADDRCC.			E REC D. BY REGISTRA				1115
J.	Wm.Lee's S	Sons Co	.300-4t	th St., NE	, Wash	.,DC20002 T 1	7 1084 gul	Davidson	-Rand	مادل	1

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furshall be detached for use as the buriol-transit permit. Then please remove corbonopers: Pages 1 and 2 shauld be filled with with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Hem 21 is marked or them 18 shows any injury, or other traumatic event, the medical remains in

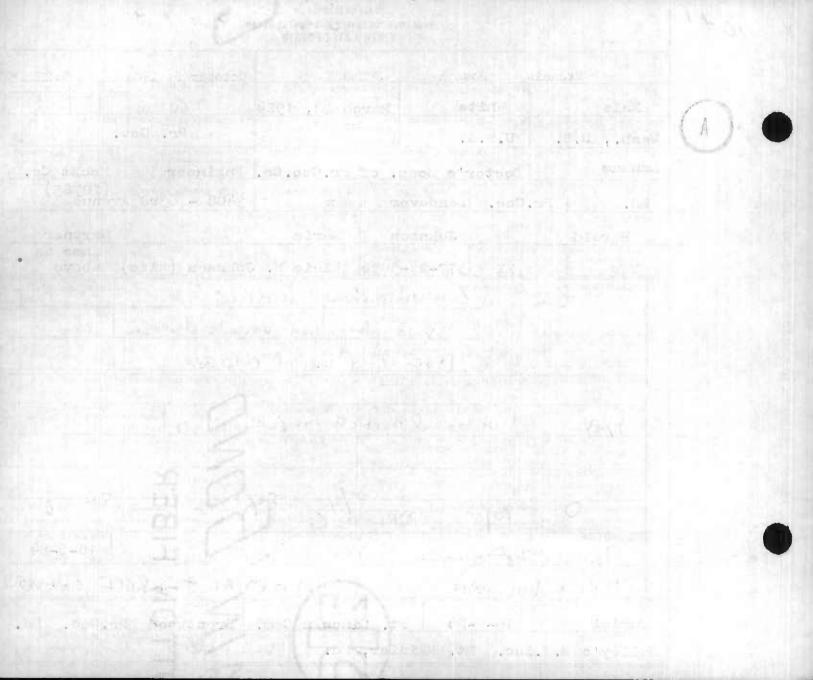
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TO HOSPITAL OR ATTENDING retoined by the hospital or offi

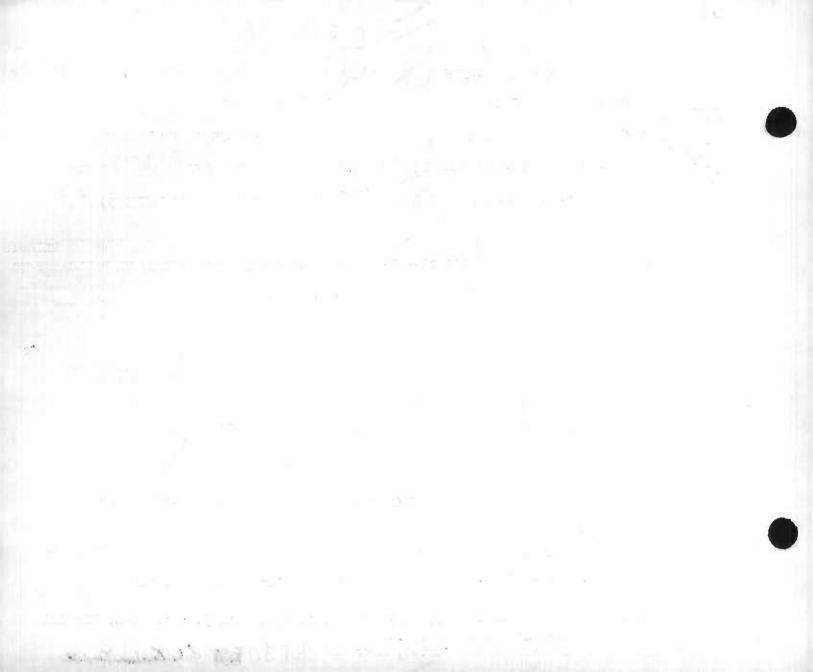
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		live V Cemeton	FinoN 40	P.E. P.C.	0	Buriel

J. m. Ame's cons Jo. 30 - 4th St. . 187 hadn., 532 AM.2



DIVISION OF VITAL RECORDS



DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2h HOUR MONTH (TYPE OR PRINT) OF ESTI-JONES DONALD H. 6 AGE (IN YEARS IF UNDER 1 YR. 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 11-5-84 Negro 14 1933 51 Male Jan. 76. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED X NEVER MARRIED Ohio U.S.A. WIDOWED DIVORCED Prince George's County
120. USUAL OCCUPATION (TYPE OF WORK 120. KIND OF B) IO CITY OR TOWN OF DEATH OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! Fort Washington 11402 Indian Head Hgwy. Engineer Mitre Corp 13e. STREET ADDRESS
1809 Owens Road 30 STATE 13d. INSIDE CITY LIMITS? Prince George's Oxon Hill Maryland NO [A FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Jones George Anne Daniels 16b. SOCIAL SECURITY NO 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 1809 Owens Road 283-28-4552 Ada M. Jones orean Oxon Hill, Maryland APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of neck IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF 11 PRIOR TO BURIA YES X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR subject found shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION 214 INJURY OCCURRED 11402 Indian Head Howy. Fort Washington, Md. STREET, EACTORY, FARM, ETC.) WHILE AT WORK hawy. EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STANDORE, MARYLAND, 2 Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection and in my apinian Hamicide XX. Undetermined manner Suicide TITLE (SPECIFY) 11-5-84 Assistant SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell.M.D. 23d. LOCATION 11/9/84 Burial Maryland Veterans Cem. Cheltenham P.G. Maryland BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 6160 Oxon Hill Rd. **DHMH** - 17 la Savidon-Rondall George P. Kalas Funeral Home Oxon Hill, Md. (VR A15 ME (5))

20M 4/B2

STATE OF MARYLAND

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nrineer 1809 Owens How

283-28-1552 - ada M. Jones (Non Fill, Paryland

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Tries 11/4/3: Harylon Cetaron Com.

George L. False Mastal Fone Grow Hill, Ma. I

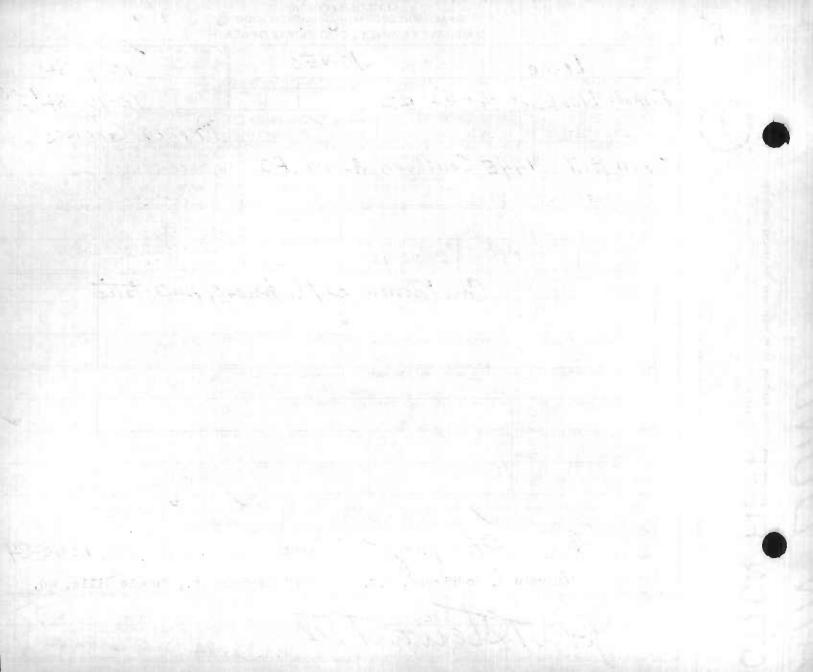
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1	11-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALT	MARYLAND H AND MENTAL HY CERTIFICATE OF	CIENTS 3 9	8
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1. DE	CEASED NAME FIRST E OR PRINT)	MIDDLE		ONES	20. DATE KNOWN OF ESTI- DEATH MATED	
PLEASE RECTOR. R FILES. HOURS	3. SE)	emale black	S. DATE OF BIRTH MONTH DAY 1.0 -6 -43	LAST BIRTHDAY) MON	INDER 1 YR. IF UNDER 2	PRONOUNCED DEAD	MONTH MAY WAR 24 HOUR 10-10 1984 1203
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F AND SHOULD SHOULD BE SECOND	13a S	TATE 136 COUN		ITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO 1	3e. STREET ADDRESS 1445 Southe	rn Avenue 5
BALTIMORE, MD. S. AFFER DEATH. IS GIVE PACES 1, 2. TITH FORM PM. 3. PACES 1 AND 2.S NISSON OF VITAL	160	Oscar Willi	AED FORCES? 166 S	OCIAL SECURITY NO.	Clas	ra Mae Ellis 445 Southern	
B 2≥ D	()	ES, NO, OR UNKNOWN) NO (IF YES, GIVE 18 CAUSE OF DEATH (Enter on	war or dates) 4 2 !	5 70 7438		ones-husband	APPROXIMATE INTERVAL
ITAL RECORDS, 201 W. PRESTON ST. SHOULD BE EXECUTED WITHIN 24 HOURD RD "PENDING" IN PENCIL IN ITEM 18 CHIEF MEDICAL EXAMINER ALONG IN COMED AS A BURIAL. TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, URIAL, CREMATION, OR REMOVAL.		PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gave rise to immediate cause (a) stating the under- lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS	(b) DUE TO, OR AS A CO	ONSEQUENCE OF		ess, nutas	Fales
RECORI LD BE EX PENDIN MEDIC D AS A E HEALTH /	ATION	190. DATE OF OPERATION	Likering	OR WHICH OPERATION V			20 AUTOPSY?
FUTAL E SHOU WORD BE USE BURIA	CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY		HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 181	YES NO
DIVISION OF VITAL RECORDS, THIS CERTIFICATE SHOULD BE EXEC. WRITING THE WORD "FENDING" WARDED TO THE CHIEF MEDICAL AGE 3 SHOULD BE USED AS A BUJ TATE DEPARTMENT OF HEALTH AN 21201 PRIOR TO BURGAL, CREMATI	MEDICAL C	UNDERLYING OR CONTRIBUTING CAUSE OF E	HOUR A.M. MONT P.M. 21e PLACE OF INJU STREET, FACTORY, FARA	TH DAY YEAR 19 RY (ATHOME, 211 LC	OCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLMORE, MARYLAND, 21201 P		22a I certify that I toak chorg death resulted fram: Natur ACTUAL SIGNATURE	e of the remains described a al couses Acciden		psy , Inspection , Homicide . TITLE (SPECIFY) Deputy	Undetermined manner ,	d in my apinian DATE SIGNED DO-10-24
O MEDICA XECUTE TH A OGE 4 SHO FITE FUNERA ALTUMORE,		EXAMINER'S NAME Augu	The second secon		_ADDRES 5009 Ray	MEDICAL EXAMINER yburn Ct., Tem	
BP	F	JNERAL DIRECTOR		NAME OF CEMETERY O	ony Memori	23d LOCATION CITY OR TOWN 1 a 1 Park L C'D. BY REGISTRAR 25b REGI	
DHMH - 17 (VR A15 ME (5)) 20M 4/82	S	tewar Funera	al Home-400	1 Benning	Road, NCE.	1 1 1984 Julia D	avidson-Randelle



X	5	1-	FOR #6-1 85 90- FOR STATE REGISTRAR CEASED NAME	DE	PARTMENT OF HEALT	AARYLAND A AND MENTAL HY CERTIFICATE OI	PDEATH REG. NO.	
X	ANY, PIEAZ DORECTOR. OUR FIELS TOWN WEET.	J SE	10	S DATE OF BIRTH S DATE OF BIRTH MONTH DAY 6-V2	YEAR LAST BIMDAY) MON'		MIN PRONOUNCED OF DEAD	6-13 19 F 124 MONEY OF DEATH
	CA YM	DENVER COLORADO U.S.A. WIDOWED DIVORCED France Ces y						
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21201	AND 3 RETAIN POULD PROUP	13a. S	TATE 113b	COUNTY PRINCE GEORGES	11 CITY OF TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4842 66TH AVE	20784
W	EATH. ES 1,2 PM 3 NND 2		ATHER'S NAME FIRST THEODORE	MIDDLE	JONES	IS MOTHER'S MAIDEN		ROBINSON
BALTIMORE MD 21201	JRS AFTER DE B. GIVE PAGE WITH FORM T. PAGES I A DIVISION OF	16a \	VAS DECEASED EVER IN I	U.S. ARMED FORCES? YES, GIVE WAR OR DATES) N	UNK	BEVERLY JO	ONES 4842 66TH A	
TO SECULIAR	HOULD BE EXECUTED WITHIN 24 HOURD BE EXECUTED WITHIN 24 HOURD WITHIN THE MEDICAL EXAMINER ALONG USED AS A BURIAL. TRANSIT PREMI OF HEALTH AND MENTAL HYGIENE, PALI, CREMATION, OR REMOVAL.	CERTIFICATION	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o) stating the under-lying couse lost. (c) PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?					
DIVISION OF V	=>4054	MEDICAL CERT	210 EXTERNAL CAUSE V UNDERLYING OR CONTRIBUTING CAL 210 INJURY OCCURRED WHILE ON WHAT WORK AT WORK	HOUR A.M. / USE OF DEATH P.M. 21e PLACE OF	MONTH DAY YEAR 19 INJURY (ATHOME, 21f. LC	OW INJURY OCCURRED	(ENTER NATURE OF INJURY IN 11EM 18 PAF	YES NO NO NO NOTICE (TO PART 2)
•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VACE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PARFIER DEATH, WITH THE STAR BALTIMORE, MARYLAND, 21		22a certify that took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion death resulted from: Notural causes Accident, Suicide, Homicide Undetermined manner, TITLE (SPECIFY) M.D					
	Bb	-4	BURIAL BURIAL	10/19/84	HARMONY MEMO	RIAL	LANDOVER ,	P.G. MARYLAND
	DHMH - 17 (VR A15 ME (5))	24. F	UNERAL DIRECTOR NAME J.B. JENKINS	FUNERAL HOME	7474 LANDOVER	RD OCT	ec'd. By registrar 1256. Regist 1 5 1984 : Lin Dau	RAR'S SIGNATURE

" The second of 1904.15 27 19 19 19 19 regardle sports of the Roman I ofthe Call Donation at In the training of the same of th a control when it was a second of the second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR LIYPE OR PRINTS HOMAS 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5 DATE OF BIRTH DAYS Black 20. 1912 Male Dec. 71 YRS BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Wash., D.C. U.S.A. DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Retired-GPO 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN Temple Hills 6413 Gifford Lane Maryland NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Linus Joy Wilson Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Crafford Drive-Fort Wash., IYES, NO OR UNKNOWN) I JIF YES, GIVE WAR OR DATES) Mrs. Constance Smith-daughter 4087 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), one PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10). DUE TO, OR AS A CONSEQUENCE OF CONGESTIVE HATLURE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM ETC) NOT WHILE 778 I certify that (1) (this haspital) attended the deceased from Ocr 5 we) (did) (did not) view the body offer death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS d b 230 BURIAL CREMATICAL TEMOVAL 23c NAME OF CEMETERY OR CREMATORY 73h DATE Silver Spring Gate or Heaven Cemetery 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE JOHN . DHMH - 16 50M 4/83 Stewart/Funeral Home-4001 Benning Road (VRA 15, 4)

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTWAND MENTAL HYGRENE

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7601 Sandy Spring Rd. Laurel, Md.

26 HOUR October 06,1984 IF UNDER 24 HRS IF UNDER TYEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Prince Georges County 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 9410 N. Laurel Rd. 20707 Dustin Same as #13e PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY 84 19_____, and that in (my) (aur) apinion deoth occurred on the date and have and from the causes stated 72c DATE SIGNED

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR - STATE

REGISTRAR



18-22a 11/30/84 mtb

20M 4/82

Marie American State of the court of the cou Machington, D.C. U.S. L. Melder Till Systems Landover Hills x 5000 Percent Street 20724 Ancivers Total United State 1111 Silis State United United reflection state of the vetor . The the targets which it is Green blos fict. 17, 1974 Jury Mincoln Chenstony | Prentwood

Twenty a Sone F. C. M. Dentineille, Sardanie, W.

- STATE

TYPE OR PRINTI

REGISTRAR

DECEASED NAME

126 KIND OF BUSINESS OR INDUSTRY Postal Letter Carrier Service 12005 Marvel Lane (20715) Muench Korea/Viet Nam 051-24-2435 Esta Ruth Keim - Same As #13 A-E APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO WE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 10/27/81 Andrews Air Force Base, Maryland 23c NAME OF CEMETERY OR CREMATORY Burial October 31, 1984 Arlington National Cemetery Arlington, Virginia 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/B1 (VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland 10. K. Mandage

STATE OF MARYLAND DEPARTMENT OF HEALTH IND MENTAL HYGHE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

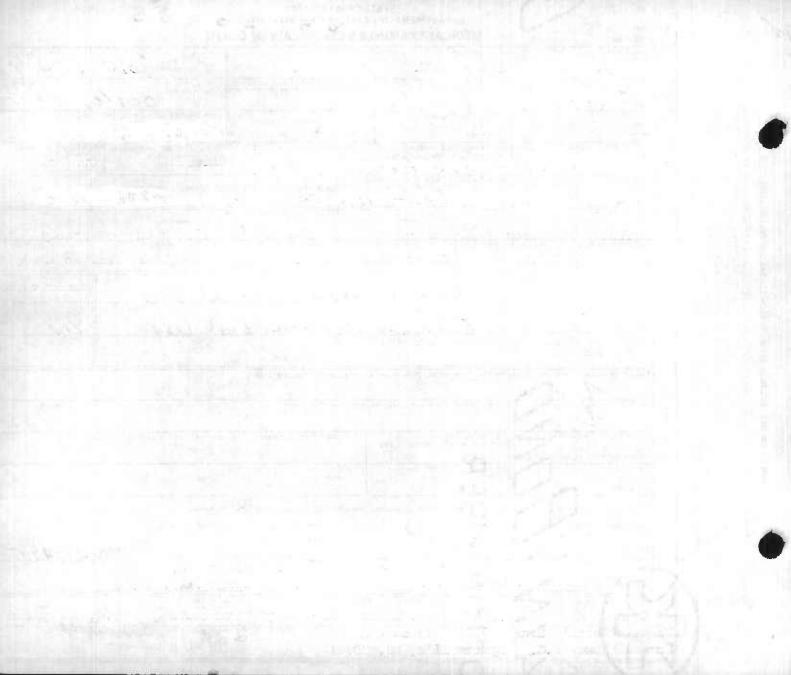
IF UNDER 1 YEAR

7:00PM

20 DATE OF DEATH MONTH

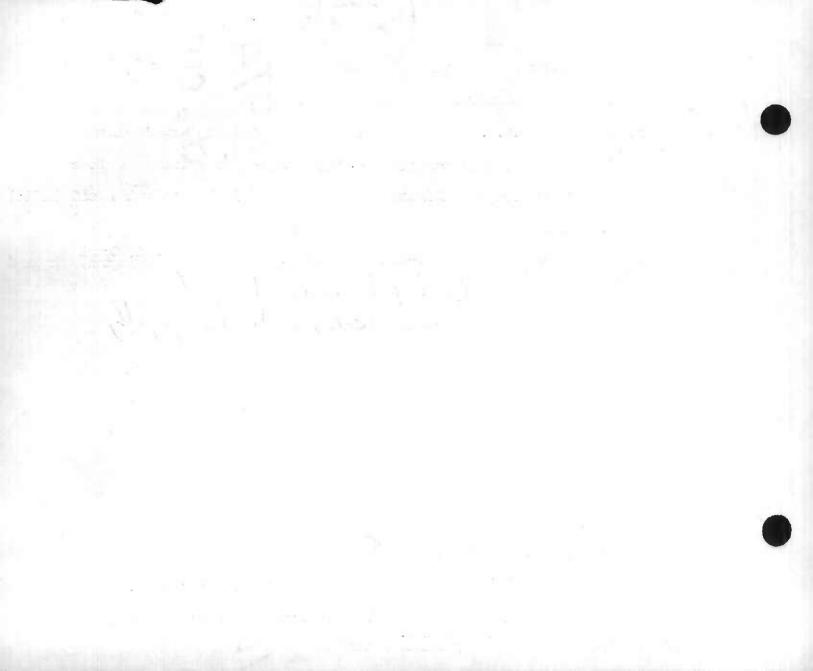
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENS FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN DE MONTH DECEASED NAME (TYPE OR PRINT) OF ESTI-DEATH MATED Ruth Elizabeth Kellv UNERAL DIRECTOR.
5 FOR YOUR FILES.
WITHIN 72 HOURS
V. PRESTON STREET, DATE OF BIRTH 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YP. IF UNDER 24 HRS DATE FUNERAL DIRECTS FOR YOUR F 63 (DE PRONOUNCED White Female 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maine U.S.A. Prince George's County WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR MOST OF WORKING LIFE) OR INDUSTRY 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Own Home Leland Memorial Hospital Housewife Riverdale 8. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN P. T. PAGES 1 AND 2 SHOULD BE DIVISION OF WIZH RECORDS, USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 CITY OF TOWN 13d. INSIDE CITY LIMITS? Maryland 20740 YES PO College Park NO [14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Eddeana Elizabeth Greely Arthur Jason Baston 166. SOCIAL SECURITY NO 6g WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) 005-20-7163 Joanne Leizear (Daughter) Same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH AND MENTAL HYGIENE, ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Conditions, if any, which Yrs gave rise to immediate cause (a) stating the underlying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.O. OF HEALTH CERTIFICATION 198 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO **FUNERAL DIRECTOR**; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTMORE, MARYLAND, 21201 PRIÇR TO BURIAL, YES EN L. NO. 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK Inspection D 228 I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion Homicide Undetermined manner deoth resulted from: Suicide TITLE (SPECIFY) 1910 Seminary Rd. EXAMINES NAME John S. Rogers M.D. ADDRES Silver Spring. Md. 20910 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 10/19/84 Ft. Lincoln Crematory Maryland Cremation Brentwood BP TO CATE THE STREET HAM THE SECRETARIES OF Francisk Susch's Sons 4739 Baltimore Avenue **DHMH - 17** Funeral Home, P.A. Hyattsville, Md. 20781 (VR A15 ME (5)) 20M 4/82

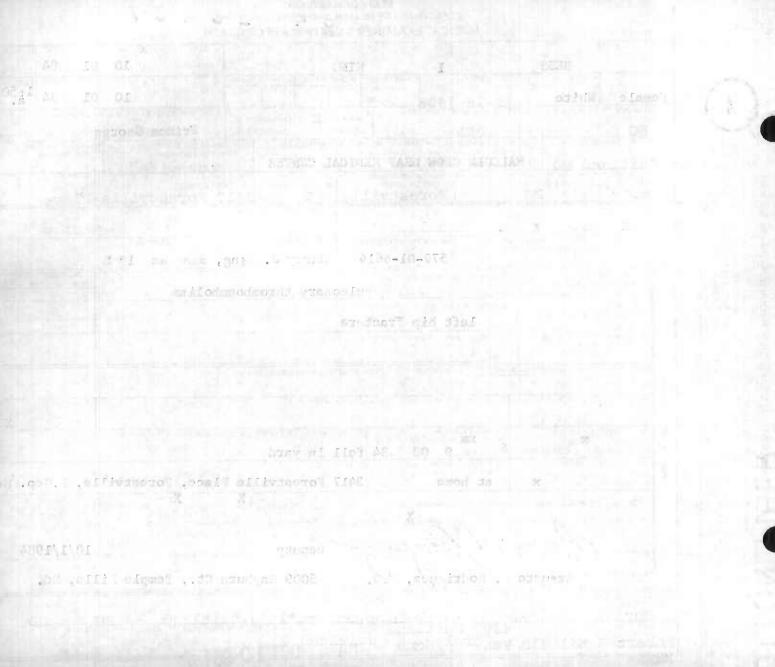


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1.	FOR				DEPART!	STAT MENT OF H	E OF M	ARYLAN	ID ENTAL HY	GIENE	64	0	1			
I	- STATE REGIST	RAR		ME	DICALE	EXAMINI	ER'S C	ERTIFIC	CATE OF	DEAT	Н	REG. NO	0.			
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2	TYPE OR PRIN	11)	BESS		T		KING				OF I	AATED	10	01 19	84	AA
3	SEX	4	RACE	S DATE OF BIRTH	YEAR	6. AGE (IN YEAR	RS IF UND	DER T YR.	IF UNDER 24				MONTH		YEAR 2d H	IOUR
1	Femal	e W	hite	T. C. C.		LAST BIRTHDAY		DAYS	HOURS M	WIN PR	ONOUNCI DEAD	ED	10	01 19	84 13	50
	BIRTHPLA	ACE (STATE		12-16 76. CITIZEN OF W	HAT COUN	TRY?		D TOT NE	VER MARRIED	9.1	BALTIMO	RECITY	OR COUN	TY OF DEAT		- ///
	SC SC	DUNTRY)		US	7	4.11	WIDOWE		DIVORCED		Pri	nce (Georg	20		MD.
10	CITY OR	TOWN OF	DEATH	11 NAME OF HO	SPITAL, NUE		OR OTHE	R INSTITU		20 USUAL	OCCUPA	TION (TYP		12b. KIND O	F BUSINES	
8	Sui	tlan	d MD	MALCOLM	GROW	USAF M	EDICA	L CEN	TER		TOF WORKIN			OKIND	USIKT	
U:	SUAL RESID	DENCE (IF	N NURSING HOME O	R OTHER INSTITUTION, G	IVE RESIDENCE	BEFORE ADMISSIO	N) .	13d. INSIDE CI			ADDRESS		-	117	5	
2	MD		P			estvi		YES X					71116	e Plac	20	
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	18 C	AUSE OF D	EATH (Enter onl	y one cause per lin	e for (a), (b)									APPROX BETWEEN	ONSET AND DE	AL
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HEALTH AND MENTAL HYGIENE, DIVISION OF ALLA RECRESS, 201 AL, CREMATION, OR REMOVAL.			if any, which to immediate	(b) 10	eft hi	p frac	ture					1.00				
		ouse (o) sto	ofing the <u>under</u> -	DUE TO, OF	R AS A CON	SEQUENCE O	F									
5				(c)												
		OTHER SIGNII	FICANT CONDITIONS	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)												
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	Ū		AUSE WAS	21b. TIME O	F INJURY	DAY YEAR	21c HO	W INJURY	OCCURRED	ENTER NAT	URE OF INJUR	RY IN ITEM 18	PART I OR P	ART 2)		
)	CONT	RLYING TRIBUTING	CAUSE OF E	DEATH 6 P.A	1. 9 (1984	fell	lin	yard							
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			hot I took charg	e of the remains de	scribed aba	ve, held an	Autops	у 🔲.	Inspection	T.	Inquiry	or	nd in my a	apinian		
A	1	h resulted		al causes .	Accident		ide ,	Homic	ide .	Undeterm	nined manr					
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23	BURIAL,	CREMATIC	N, REMOVAL 2			AME OF CEM				23d. LOCA	NOITA		COL	UNTY	STATE	
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 4 0

1	- STATE REGISTRAR	DEFARII	CERTIF	ICATE OF DEATH	REG. NO.		
	ECEASED NAME PROF	WEGH		457	26 DATE OF DEATH MONTH	DAY YEAR	2h HOUR
100	MARTE	E. KING			10/27	7/84	12.55m
2.5	A. 60, A.61 da And	I HACE	S. DATE O		& AGE (INTERRELASE BREINDAY)	F INDER LYEAR	- Inches
	tomalo	(au rasian	Feb	18, 1901,	83 vs	ACONTHS - BAVS	HOURS T. MAG.
100	BIRTHPLACE (LIATE OR FORESH	IN CITIZEN OF WHAT COUNTRY?	8		+ BALTIMORE CITY OR COUN	Contract of the Contract of th	-
11 11	Washington DC	USA		NEVER MARRED	PRINCE GEO	PORICE	COLLNESS
	CITY OR TOWN OF DEATH	II. NAME OF HOSPITAL NURSIN	WIDDWE		12s USUAL OCCUPATION		OF BUSINESS OF
2		(IF NOT IN SUCH PACIFITY, GIVE STREET	ADDRESS)	HAADTMI	Housewife		Home
1	CLINTON UAL RESIDENCE OF MURRISH COME C	SOUTHERN M	ARYLA	ND HOSPITAL	Housewile	-	-
1/2	STATE U COU	Washing		DCS NO []	13e STREET ADDRESS / ZIP CO	7 17 17	0020
16	FATHER'S NAME		COIL	15 MOTHER'S MAIDEN NA	ME.	Avenue	
28	THomas	Kuhnert		Money	MODU	Saddle	(1
4	WAS DECEASED EVER IN U.S. A			Mary 17 INFORMANT	ADDRESS	Saddie	E.L.
57	TATE HO OS OWEHOMAN TALE O	ME WAR ON DATES!					222
2	No	579-72-	-1099	Audrey Su	llivan	Same as	#13
	PART I DEATH WAS CAUS	only one couse per lim for ial, if a	id ici, i	(lana Dan	1 - / lix 1	SETWING.	ONGET AND DEATH
		ATE CAUSE IN COLO	012	wrnoru	in over	\ ×	mun
		DUE TO DAS A CONSEQU	Dete		111-0	. /	
	Conditions, if any, which	Julie	(one	esture 1	Part Faller	ex	
	gave rise to immediate	100	7	Dumon	aus com		
	couse (a), stating the underlying couse list	DUE TO GALAS WEDNISERY	ENCE OF	I To Di Fa	Man tot	in	
	some your toose top	Cornes	noug	1 / Julia	x pag urguar	4.0	
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PICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERSORMED	70s AUTOPSY7 70s U	ATES, WERE FINDS	
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24	FUNERAL DIRECTOR NAME ROBERT E	. Wilhelm ADDRESS		75e DAT	TE REC'D, BY REGISTRAR 256. REC	SISTRAR'S SIGNA	TURE
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page 3 er death

STATE OF MARYLAND	0
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CENTIFICATE OF BEATH	

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTA		REG. NO).		
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11	14 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAID	ENNAM	MIDDLE		LAST	
//		Benjamin	Frank	Knott		Ann				Inderwo	
3		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT					ton Rd.
5		No	S. GIVE WAR OR DATES!	576-60-	2055	Mary F. L	oski	11(Niece) 0	reenbe	Lt, Md	. 20770
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1	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	DE INJURY .M. MONTH (21c. HOW INJURY C	OCCURR	ED (ENTER NATURE OF INJUR				
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		22a.1 certify that (1) (this his sow the deceased alive above, (1) (we) (did) (dis	on_ 91	5 19			xO pinion d	eoth occurred on the do	te and hour an		oot (I) (we) lost ouses stated
1		226. SIGNATURE	ntu	tes	DEGREE ATTENDING PHYSICIAN			MEDICAL STAF		10 (IGNED 1/84
						220. ADDRESS					
		Ibrahim M. K						t Rd., Hyat	tsville	, Mary	land
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	14 F	UNERAL PIRECTORS Ch's	Sons	4730	Ralt	imore Avel	DATE	REC'D. BY REGISTRAR	756. REGISTRAF	SSIGNATU	RE

Hvattsville, Md.

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Funeral Home P.A

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21201 ANY D AND 3 RETAIN HOULD HOULD	130 ST		OR OTHER INSTITUTION, GP KTY • 0	VERESIDENCE BEFORE ADMISSION 136. CITY OR TOWN LEDGE HEIGHT	13d. INSI		13e. STREET ADDRESS		2074	13			
BALTIMORE, MD. 21201 S. AFTER DEATH, IE ANY GIVE PAGES 1, 2 AND ITH FORM PM 3, RETA PAGES 1 ND 2, SHOLIN IVISION OF VITARRECO	Ja	THER'S NAME FIRST MES	MIDDLE	Knox Jr.	Pa	THER'S MAIDEN FIRST Tricia	An An	n	Quarle	es			
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITHING THE WOORD "PENDING" IN PERMIT IN 18. GIVE PAGES 1.7. AND 3. TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AND WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURAL. "TRANSIT PERMIT. PAGES I AND 2 SHOULD BE FILED, WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH FRECORDS, 201 W. PRESTON STREET, BALTMORE, MARYLAND, 21201 PROR TO BURAL, CREMATION, OR REMOVAL.		220. I certify that I took char	orol couses .	Accident X, Suit	TITL		Undetermined man MEDICAL EXAMINATION Ct.	X, ond in my ner ,	opinion E NED 10/13	/1984			
BP	ST	RIAL, CREMATION, REMOVAL	236. DATE 10 - 19 - 8	134 NAME OF CEN MARI. Pik	MONY Hills A	Menora	23d. LOCATION CHYORTOWN AND EC'D. BY REGISTRAR		SIGN AUTHOR	state da			

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FOR DEPARTMENT OF HEALTH AND MENTAL HYÖJE! - STATE REGISTRAR DECEASED NAME AKA 20 DATE KNOWN MONTH RANCIS DEATH MATED 2c DATE PRONOUNCED MARRIED NEVER MARRIED WIDOWED _ DIVORCED 126 USUAL OCCUPATION (TYPE OF WORK SPITAL NURSING HOME, OR OTHER INSTITUTION 160 WAS DE (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 and CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES NO DO ARDED TO THE CAGE 3 SHOULD BE 21a EXTERNAL CAUSE 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME. 211. LOCATION 214 INJURY OCCURRED AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection 2 228. I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my apinion death resulted fram: Hamicide L Natural cause Suicide Undetermined manner PAGE 4 SHOULD DE TO FUNERAL DIRECTO AFTER DEATH, WITH TITLE (SPECIFY) MEDICAL EXAMINER ADDRESS. 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY BP 25h REGISTRAR'S SIG **DHMH - 17** (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG. NO 20. DATE KNOWN I. DECEASED NAME (TYPE OR PRINT) ESTI-DEATH MATED 1 SEX AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED 25 APRIL 17 DEAD Th. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! PRINCE GEORGES USA Wisconsin WIDOWED DIVORCED X 10 CITY OR TOWN OF DEATH 12h KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY BOWIE HEALTH Physicist NASA SHOULD BE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS LYN 2702 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME WITH FORM PM T. PAGES I AND 2 DIVISION OF VITA Kupperian, Sr. Virginia Hoiland James Edward Amanda 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDE 201 Foxhill Lane IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 222-14-4642 Joseph A. Berkowitz Bowie, MD 20715 YES WW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY DISEASE AND MENTAL HYGIENE MYOCHRDIAL IMMEDIATE CAUSE MYOCARDIAL PISEASE YRS. Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL -SED AS A BURIAL -F HEALTH AND MEI AL, CREMATION, C lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) NONE CERTIFICATION 19a DATE OF OPERATION USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Phospire Committee Committ NONE YES [21g EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING GOR CONTRIBUTING CAUSE OF DEATH 216 PLACE OF INJURY (ATHOME. 21 LOCATION NOT WHILE STREET, FACTORY, FARM, ETC. COUNTY AT WORK GE 4 SHOULD BE FOR FUNERAL DIRECTOR: TER DEATH, WITH THE S 220 I certify that I took charge of the remains described above, held on Autapsy Inspection and in my opinion deoth resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) Oct. 7,1984 AFTER DEATH BALTIMORE, MEDICAL EXAMINER EXAMINER'S NAME Dr. John S. Rogers, M. D. 1919 Seminary Road Sil.Sprg., MD NA O 236 LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 10-10-84 Gracelawn Memorial Park New Castle, New Castle, Delaware Burial 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE holder 16000 Annapolis Road **DHMH - 17** Sia Davidson Beall Funeral Home (VR A15 ME (5)) Bowie, MD 20715 20M 4/B2

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126 KIND OF BUSINESS OR Retired Chief U.S. Park Police 9007 Pinehurst Drive SAME AS #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 10 84 that (I) (we) last and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN X DIRECTOR PHYSICIAN 10/25/84 9131 Piscataway Rd. #240 Clinton, Md. 20735 COUNTY STATE 10/27/84 Resurrection Cemetery Clinton D. Maryland Burial 24 FUNERAL DIRECTOR Lee Funeral Home Inc. a Largeson- gardelle 6633 Old Alexander Ferry Road Clinton, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

26. HOUR

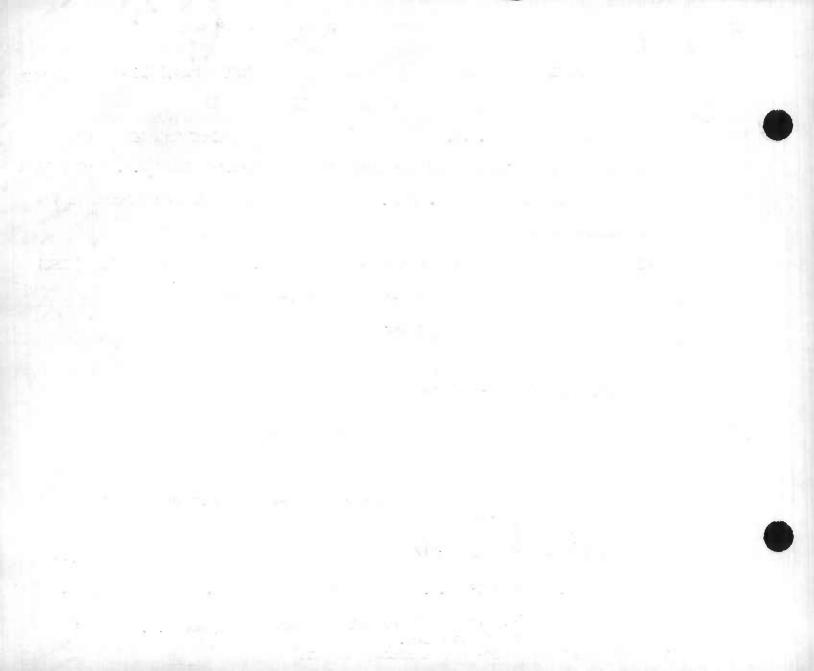
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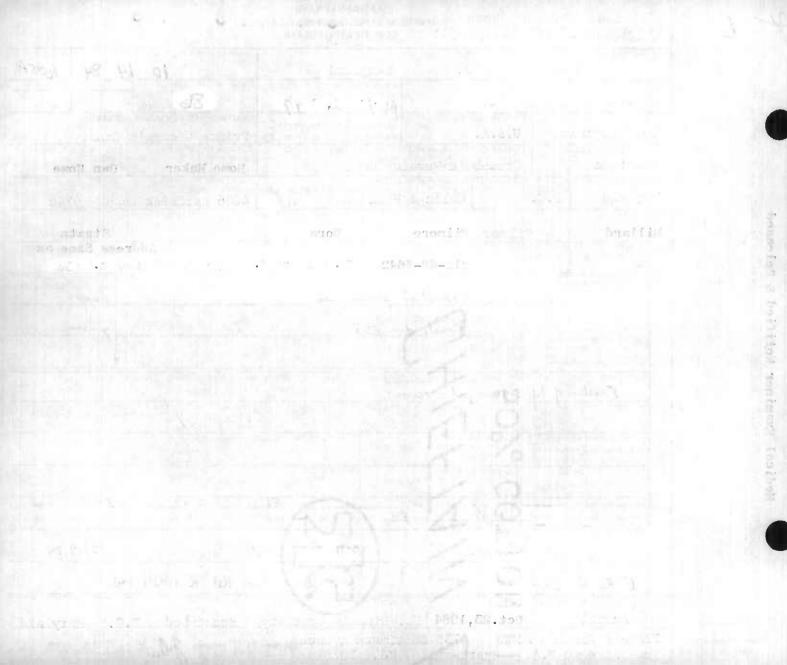
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IF UNDER 24 HRS

DHMH - 16 50M 4/83 (VRA 15, 4)



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you do	3. SE		4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS				
t of the		Female	White		Apri	1 20 1897	87 YRS.	ONTHS DAYS	HOURS MIN.				
Pog 41	7a. BI	RTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COU			8	D A NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH					
1 1 45	We	st Virginia	U.S.A.		WIDOWE		Prince George's	County	MD.				
s offer d	Gr	reenbelt	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Greenbelt Nursing Home				120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOME Maker	126. KIND OI	BUSINESS OR				
MARYLAND 212 Sed ed within 24 hour mpletely lifet ond 2 should be examined	Ma Ma	at residence if numsing home of the last country land P.G	R OTHER INSTITUTION NTY	OIVE RESIDENCE BEFORE TOWN College	'N	13d. INSIDE CITY LIMITS? YES X NO [130 STREET ADDRESS 4606 Hartwick R	oad 20	740				
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gned I plea		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
RDS,	NO NO	Fracture of left inferim public ramus											
AL RECORDS, 20 Examiner The low requires clon. The low requires signe has been signe sis permit. Then pl giene prior to burn hows any injury, of	CERTIFICATION	190 DATE OF OPERATION	1% COND	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO									
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Ical Ical TYSICIAN Miling phy s centific S centific Mental Ir Mental Ir	18	OR CONTRIBUTING CAUSE OF DE	AIR		19								
Medical EX Medical EX NG PHYSCIAN: The ordering physicon order this certificate has the ond mental Hygier th and Mental Hygier orked or item 18 show	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	216. LOCATION STREET	CITY OR TOWN	COUNTY	STATE				
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Spire of the of the state of th		sow the deceased alive a above, (1) (we) (did) (did n	n 10 /16				death occurred on the date and have						
OR A DORE		226. SIGNATURE	01	N. 131		DEGREE ATTENDING	MEDICAL STAFF	TIL DATE	. 1				
SPITAL by the NERAL be deto e Store I TANT. H		Byll.	yohnson		11136		MEDICAL STAFF DIRECTOR PHYSICIAN	10/19	1/84				
POR the Por		BYRL D. JOI				220. ADDRESS 4404 Queens b	nry Rd. Riverdale, M	nd.					
0 g D G 3 X	23a E	BURIAL, CREMATION, REMOVA	L 236. DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	234 LOCATION CITY OF TOWN	40	,,,,,,				
BP		(SPECIFY) Burial	Oct.23	,1984 Ft	. Lin	coln Cemetery	Brentwood P.	G. Ma	arvland				
DHMH - 16 50M 4/82	24 F	rancis Gasch's	Sons			e Avenue 250. DAT	E REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATI					
(VRA 15, 4)		uneral Home P.					25 TORK Mica Davi	don-han	6000				

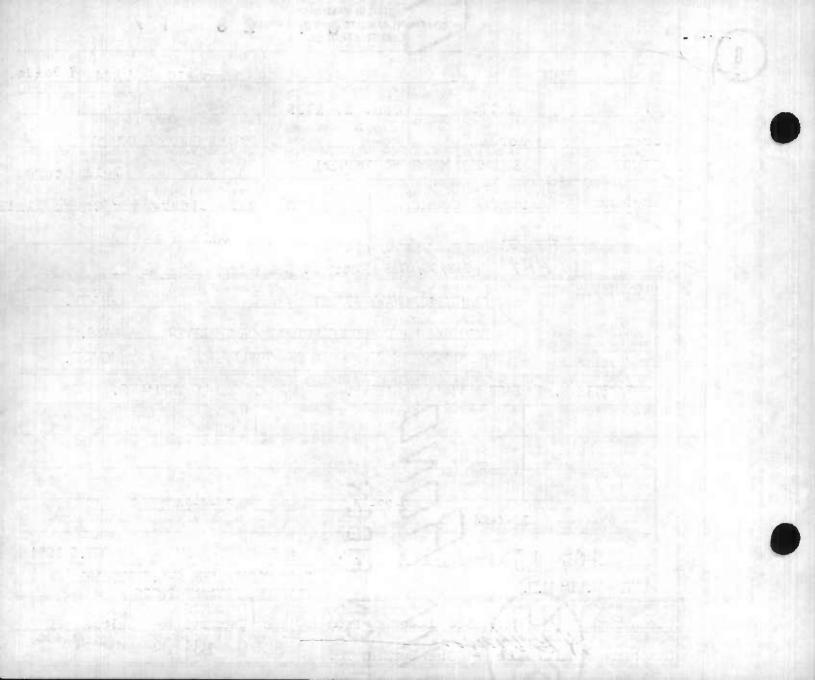


1	•	FOR STATE REGISTRAR	
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH REG. NO THE CEASED NAME ALIDDS F 20. DATE OF DEATH 2h HOUR MONTH THE OR PRINTS 9:30 A.M CHANG LEE Kee October IF UNDER LYEAR Y. SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 MRS MONTH Male Yellow 1935 Jan BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Korea Korean WIDOWED DIVORCED [PRINCE GEORGES COUNTY IQ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR CTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY CLINTON MD SOUTHERN MARYLAND HOSPITAL Sales Stores JAL RESIDENCE LIF NURSING NOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland AnneArunde Odenton 8238 Clearwater Court 21113 NO X 15 MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE LAST ANIDDLE FIRST UnKnown UnKnown WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT No 212/96/0719 Betty N. Lee (Wife) Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) CARDIOPULMONARY ARREST MINUTE DUE TO, OR AS A CONSEQUENCE OF (b) RAPID GROWING ADENOCARCINOMA OF THELIVER DAYS Conditions, if any, which gove rise to immediate cause (a), stating the POSTNECROTIC CIRRHOSIS OF MONTHS. underlying couse lost. IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO SURFACE ANTIGEN POSITIVE. METASTIC CANCER TO THELUNGS. 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [71n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 IN JURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 10-4-84 22a | certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive on 10-4-84 obove, (I) (we) (did) (did not) view the bady after death and that in (my) (our) apinion death accurred on the date and haur and from the causes stated 22k SIGNATURE DEGREE The DATE SIGNED PHYSICIAN XXI DIRECTOR TI PHYSICIAN T M.D. OCT.5 1984 77# ADDRESS 7900 OLD BRANCH AVE.SUITE 101 PETER W.YIM M.D. CLINTON MARYLAND 20735 334 BURIAL CREMATION, REMOVAL 23r. NAME OF CEMETERY OR CREMATORY CHECKE Security Process, Inc. Catonsville Cremation Balto. 756 DATE REC'D. BY REGISTRANTSH REGISTRANS SIGNA A Chidase 34 FUNERAL DIRECTOR Glen Burnie, Md. Home

DHMH - 16 50M 4/83 (VRA 15, 4)



(VRA 15, 4)

TO A COMPANIE onites Tont 26, For remitted the same of the sa well at the local transfer of wind and the second transfer of the se the togrammed A softil grand year northern grand month record for the transfer that y ics d . wiles Said Inches 10Eld LATTER DESCRIPTION ASSESSED. Landhia air tachada mai mais la linea (sarata agara da 1817, 32 sarata la 170). Colonial Funcial Manufails Climeds, You 222040

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN THE (TYPE OR PRINT) OF ESTIanes DATE PRONOUNCED LAST BIRTHDAYL MONTHS DEAD June 5. 1899 76. CITIZEN OF WHAT COUNTRY IN RIRTHPLACE (STATE OR MARRIED NEVER MARRIED U.S.A. DIVORCED 110000 WIDOWED . Pennsvlvania 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Housewife Own Home BALTIMORE, MD. 21201 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY 8600 Mike Shapiro Dr. 20735 P.G Clinton Maryland 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Mary Cierniska Ann Peter Dlugozima 17 INFORMANT ADDRESS 6209 Seminole St 6g WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Stephen Lopuszynski College Park, Md. 579-05-1688 Moschetie confro-cordisvoscula 18 CAUSE OF DEATH (Enter only one couse per line (a) (b), and (c).) PART I DEATH WAS CAUSED BY DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI PRIOR TO BURIAL, YES 🗌 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW IN JURY OCCURRED JENTER NATURE OF INJURY IN JEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211 LOCATION 214 INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Homicide L. Undetermined manner Accident TITLE (SPECIFY) Deputy EXAMINER'S NAMEAugusto P. Rodriguez. M.D. 5009 Rayburn Ct., Temple Hills, Md. 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 10/10/84 Arlington National Cem. Fort Myer Arlington Virginia 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE "Frame 15 Casch's Sons 4739 Baltimore Avenue **DHMH - 17** Funeral Home P.A. Hyattsville, Md. 20781 ia Daydoon-Gandell (VR A15 ME (51)

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STATE OF MARYLAND

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FOR STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

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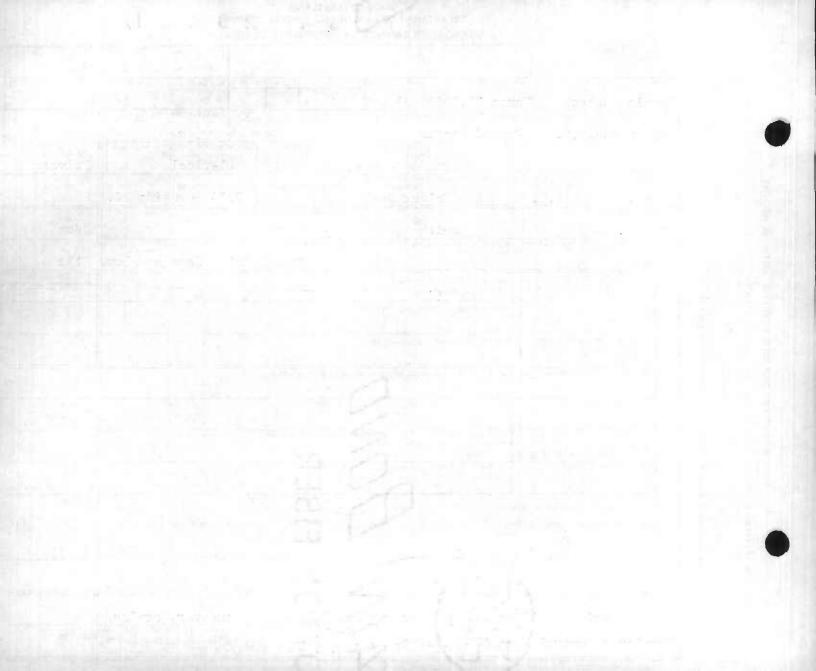
BY REGISTRAR 256. REGISTRAY S SENATURA DE LA CONTRACTOR D

	DECEASED NAME FIRST WILLIA WILLIA	m Hale	Low	ry.	Sr.	2a DATE OF DEATH	MONTH DAY		26 HOUR 3:00am
3 5	Male 1	RACE	5. DATE C	DAY	YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
4		Cau.	Sept	23	,1901	83	YRS.		
10	BIRTHPLACE (STATE OF FOREIGN 7 Virginia)	L.S.A.	MARRIEI WIDOWE		MARRIED D	9 BALTIMORE CITY C			
/ 10		1. NAME OF HOSPITAL, NU	IRSING HOME C			PRINCE GEOD	ION	12h KIND C	OF BUSINESS OR
	P.G. County	Southern Mary	pland Ho	spital	2	Maintanc	PROPRING LIFE)	U.STRY	Gov't.
130 M	SUAL RESIDENCE IF NURSING HOME OR OF CO. STATE 136 COUNT P.G.	Y 13c CITY OR	TOWN	YES 🗌	CITY LIMITS?	13. STREET ADDRESS 10506 Fr	ank Ti		623 t Road
14	FATHER'S NAME	IDDLE LAST		15. MOTHER	'S MAIDEN NA			LAS	T
┺			ury		Maggi	e		yne	
160	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATEST	SECURITY NO. 40-5361	M .		owry aame		3	
Г	18 CAUSE OF DEATH (Enter only	ane cause per line for (a), (b	i, and icil			1			MATE INTERVAL
П	PART I. DEATH WAS CAUSED IMMEDIATE	1 84001	4C //	epty	THMI	9			A - 2 - 1 - 1
NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSI	EQUENCE OF	BR	AINS D TO THE TERM	SYNDRAM		IN PART 116	,
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATION	N WAS PERF	ORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	NG CAUSES	
		21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NATURE OF INJU			
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM ETC)	211 LOCAT		CITY OR TO	wn	COUNTY	STATE
	220.1 certify that (t) (this hospital saw the deceased alive an above, (t) (we) (did) (did not)	10/9/	Come de	1121 d that in (my	19.84 (our) opinion	death accurred on the d	19/ ote and hour o	,	that (I) (we) last couses stated
	Aboluf Adhou	er	Ι	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA		22¢ DATE 10-J	SIGNED
	A. N. Adham, M.			22e ADDRE 4467		anch Ave.,	remple	Hills,	Md. 207
230	BURIAL, CREMATION, REMOVAL	236 DATE 10-12-84	73c NAME OF CE		CREMATORY n. Gard	23d. LOCATION CITY OF TOWN Ens Waldo:	of. Ch	arlea	a. Md.

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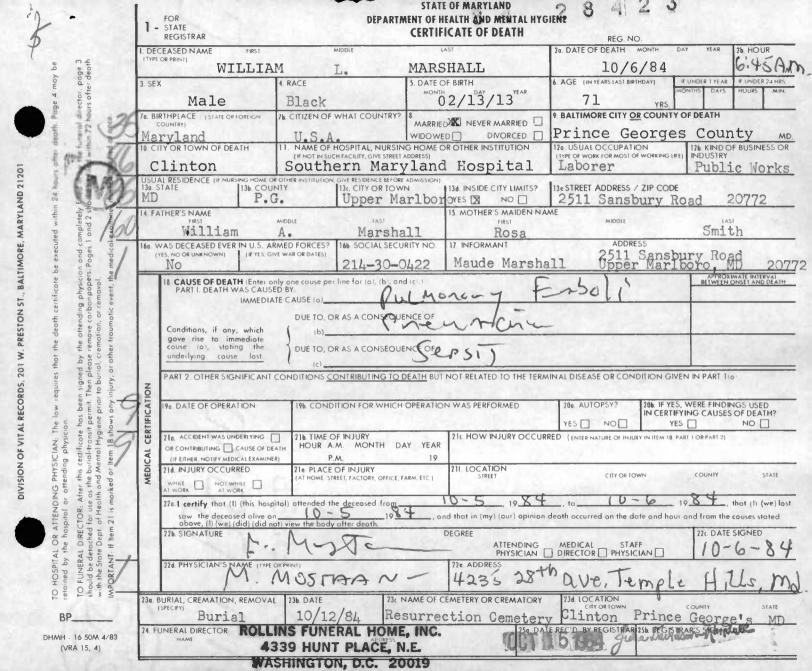
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STATE OF MARYLAND



	1 -	FOR STATE REGISTRAR		DEPART	MENT OF HEA	F MARYLAND LITH AND MENTAL H ATE OF DEATH	YGIENE 8	REG. NO.		
		CEASED NAME PHIST		WOOLE	EAST		Ja DATE OF	DEATH MONTH	DRY YEAR	ZE HOUR
				· MADISON				COBER 31,	19 84	4:05A
	1.58	Female	Whit	е	Jan	9,1932	A ALIE THY	52 YRS	MONTHS BASS	HOURS MAK
+7	100	Shington DC	74 CITIZEN OF	WHAT COUNTRY	MARRIED	NEVER MARRIED (RECITY OR COUNT		MI
83		LANHAM		HOSPITAL NURSI	NG HOME OR	OTHER INSTITUTION	ETHE OF WOR	CCUPATION FOR MOST OF WORKSHO SEWIFE	INDUSTRY	Home
35	Ma	AL RESIDENCE IF HUBSING HOME STATE IN CO. LTYLAND PO. ATHER'S NAME 1181	UNITY	Forest	ville	NSIDE CITY LIMITST	24040	ADDRESS / ZIP CO Oak Gl		20747
deal 1			ARMED FORCES?	Fleming	URITY NO. 1	Rose	2 000 191	ADDRESS		
£ 1		No		578-62	-2912	Charles 1	r. Mau	son	Same as	MATE BUTERVAL
S only injury, or a	CERTIFICATION	PART 2 OTHER SIGNIFICAN 196 DATE OF OPERATION	MAR	ONTRIBUTING TO	whi	O RELATED TO THE TE	RMIN ADVSEAS	OPSY? 706 IF Y	VES, WERE FINDING CAUSES	NGS USED
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ked or he	MEDICAL	THE ETHER HOTH HEDERS EXAMINED THE ETHER HOTH HOTEL THE	21e. PLACE	OF INJURY BELL FACTORY OFFICE	. 2	A C	7	City Ox 10WH	Countr	36600
21.4 mg		72s I certify that II this ho saw the discosed lake above (1) well (did (did	pital) attended to	deceased from.	19 and	thut in (my) (our) opini	on death accurre	d on the date and h	our and from the	that () we) last covius stated
AT, II No.		In the the	r. Wes	N	W		MECCAL	STAFF	10/3/	14
1 80		Lewis H.	Dennis,	The second		831 Univers			lver Spr	ing, Md
	73a. I	Burial CREMATION, REMOV.		and the second		METERY OR CREMATOR	CITY	OFTOWN	COUNTY	24411
	24 F		2Nov		esurre	ction Cer	MATEREC D. BY A	Clinto		Md
/83		UNERAL DIREROBERT Funera	L Home	ne Imadoress Sui	tland.	Md. Uni		LA K	Jan Wand	

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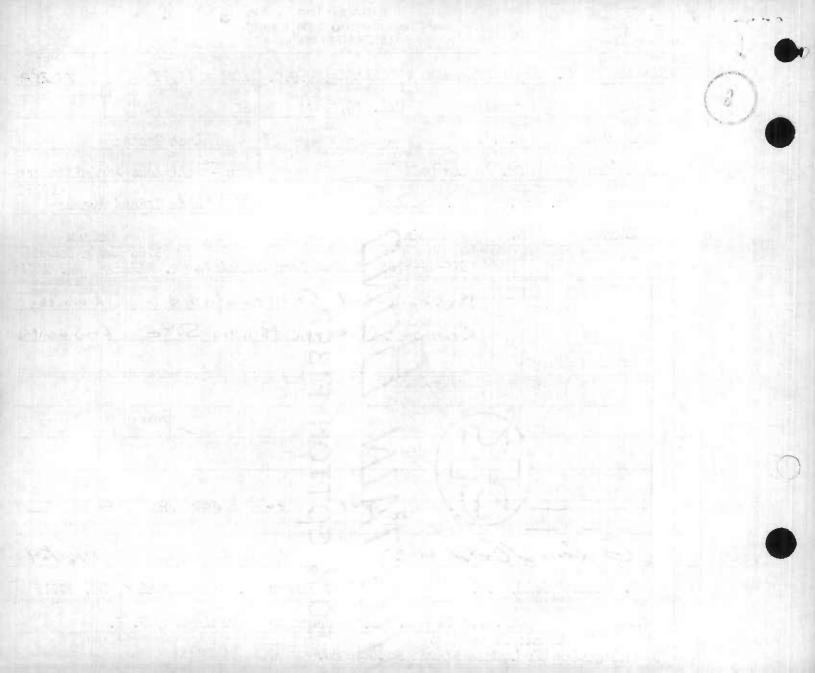
FOR - STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 29. DATE OF DEATH MONTH

	1 DEC	CEASED NAME	FIRST		MIDDLE		LAST		29. DATE OF DE	ATH MON	NIH DA	AY YEAR	126 HOU	ID.
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	3 SE)		M. K	RACE	necese	COATE	OF RIPTH	c.s.c.	October		_	F UNDER I YEAR	15 HINDES	SPM
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2	_ (nnsylvania		U.S.A.	WHAT COOK	MARRIE		R MARRIED	9 BALTIMORE	_				
-		ITY OR TOWN OF DEA			HOCDITAL N	URSING HOME		DIVORCED [120 USUAL OC	ince C	jeorg		5.00000	MD.
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/								Regina				McCar		
	160 W	VAS DECEASED EVER		WAR OR DATES		SECURITY NO.	17 INFOR			ADDRESS 2	3706	Rhode	Isla	ind
	NO				5/9-6	6-5753	Siste	r Joan (Carusille	o Mt.	Rain	ier, N	ld. 2	0712
		18 CAUSE OF DEATH	H (Enter anly	y ane cause per	line for (a), (b), and (c).		0		,		BETWEEN	MATE INTER	DEATH
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		THE RESERVE		DUE TO. O	R AS A CONS	SEQUENCE OF .								
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		underlying cause	last.	(c)	. 40 4 6011	SECOLIVEE OF								
		PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELAT	ED TO THE TERM	AINAL DISEASE O	RCONDITION	ON GIVE	N IN PART 10	a ·	
	CERTIFICATION													
	CA	190 DATE OF OPERAT	ION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PER	FORMED	200 AUTOPS	Y? 201	b. IF YES,	WERE FINDIN	GS USE	D
4	E								YES N	IOD IN	YES		NO [
ž		210. ACCIDENT WAS UND		216. TIME O	F INJURY M. MONTH	DAY YEAR	21c HOW	INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN	ITEM 18 PAR	ET 1 OR PART 2)		
	AL	OR CONTRIBUTING		H HOUR A.		DAT TEAK								
	MEDICAL	21d. INJURY OCCURR	RED	21e PLACE			211 LOCA					COUNTY		
	Z	WHILE NOT WH	ILE	(AT HOME STR	IEET, FACTORY O	FFICE, FARM ETC)	SIR			ITY OR TOWN		COUNTY	5	TATE
		220.1 certify that (I)		nt) attended the	e deceased f	romSe	EPT	19 84	10 00	r 16	5 15	84	that (I) 4	ve) lost
		saw the decease abave, (1) (we) (d	d alive an_	10	117	19 54 ,0	nd that in (m	y) (our) opinion	death accurred a	n the date a	and hour o	and from the	couses sto	ated
		226 SIGNATURE	10) (242-164	view the body	atter death.		DEGREE	3 - 1			-	122¢ DATE	SIGNED	
1		(0x	eee	1/2-	el u	W.D.		ATTENDING PHYSICIAN F	MEDICAL DIRECTOR	STAFF		Ink	-K	24
H		22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT)	97		22e. ADDR	-] DIRECTOR []	PHISICIAN		101	8/-	-
3		G. Lenna	rd Gol	d. M.D			8630	Fonton	St. Sili	10h Sr	nino	Md	2091	0
-	23n B	SURIAL, CREMATION,		23b. DATE		23c NAME OF C			In Jocatio	700 Sp	"LCrig	, Mice.	2071	-
		specify)	WE WOUNT		1981	Mt. Ol			CITY OF T	OWN	n	COUNTY	51	TATE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR 1 - STATE REGISTRAR			EALTH AND MENTAL HYG	REG. NO.		
ì	I DECEASED NAME FIRST	M	IDDLE	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
ı	(TYPE OR PRINT)	IE	A. MCCA	RRON	10 29	84	11 15AM
ì	1. SEX	4 RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	₩ UNDER 24 HRS
I	Female	Cauc.	MONTH 11	5° 0°3°	80 YRS		HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) D.C.	USA	WIDOW		PRINCE GEORGES		MD.
-	10 CITY OR TOWN OF DEATH CHEVERLY	PRINCE	OSPITAL, NURSING HOME (I FACILITY, GIVE STREET ADDRESS) GEORGES GENE		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife		ome
	USUAL RESIDENCE (IF NURSING HOME 136 COL Pr.	or other institution of UNITY George	GIVE RESIDENCE BEFORE ADMISSION) LL CITY OR TOWN BOWLE	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e.STREET ADDRESS / ZIP CO	DDE Lane 20	715
	14 FATHER'S NAME FIRST Edward	WIDDLE	Flaherty	15 MOTHER'S MAIDEN NA FIRST Margare	MIDDLE	Roth	
	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		Md.
	no	SIVE WAR OF DATES)	577-48-8856	Ceoilia Mars	shall 1220 Van I	Buren Dr.	Ft. Wash
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	OR CONTRACTOR CALLER OF C	DEATH HOUR A.M	A. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2]	
	(IF EITHER, NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220. I certify that (I) (this has sow the deceased alive above. (I) (we) (and (did 1)) SIGNATURE	on	29 19 84 0	ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the date and	22c. DATE	
-	Leonard P. App				or Lane Bowie, 1	Ma.	
	230 BURIAL, CREMATION, REMOVA (SPECHY) Burial	11/2/8		emetery or crematory ction Cemeter	23d LOCATION CHYOR TOWN Clinton	P.G.	Md.
	24 FUNERAL DIRECTOR G.P. Kalas 6160	Oxon Hill	Rd. Oxon Hil	25e DAT	TE REC'D. BY REGISTRAR 256 REG		

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

YEAR

2b. HOUR

20. DATE OF DEATH

FOR STATE

REGISTRAR

1. DECEASED NAME



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3 S	EX	4 RACE		5 DATE OF		6. AGE (INY	EARS LAST BIRTHD	AY) IF UND	DER ? YEAR	IF UNDER 2
_	Female	Whi	te	Auau	DAY YEAR At 16, 191	1 73		YRS.		HOURS
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91	North Carol			WIDOWED			ICE GEO		YTNUC	
44	ITY OR TOWN OF DEATH	(IF NOT IN	SUCH FACILITY, GIVE S	TREET ADDRESS)	OTHER INSTITUTION	(TYPE OF WOR	CCUPATION K FOR MOST OF WI	ORKING LIFE) IN	L KIND OF	BUSINES
usi	JAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUT	ION, GIVE RESIDENCE 8	BEFORE ADMISSION)		11000	sewife		home	0704
A 130.		COUNTY	13c. CITY OR 1	1	36 INSIDE CITY LIMIT	S? 13e STREET /	ADDRESS / Z			0794
200	Maryland FATHER'S NAME	Howard	Jessup		YES NO D	N NAME		10	155Gu	ilfo
ZA	FIRST	MIDDLE	LAST		FIRST	4 IAWIE	MIDDLE		LAST	
11	Tennessee		Harrell		Maru			Mosley		
6 160	WAS DECEASED EVER IN	U.S ARMED FORCE IF YES GIVE WAR OR DATE		SECURITY NO.	1 INFORMANT		ADDRESS			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS STATE REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH (TYPE OR PRINT) William McKnight DEATH MATED 10 19 84 6 AGE (IN YEARS | IF UNDER 1 YR. 4. RACE 5. DATE OF BIRTH 2c. DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 1:46F Aug 28, 1927 Male 10 1984 Negro Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Washington, D.C. U. S. A. DIVORCED Prince George's County, 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS Truck Driver Prince George's General Hospital Cheverly 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Prince Georges 3801 Kenilworth Avenue 207/6 Maryland Bladensburg YESTE NO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Chester McKnight Cecelia **UNKNOWN** 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDWashington, DC. NE WW II Yes Not Stated Sandra Washington, Dau, 4250 East Cap ST 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 29 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED IL LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK AT WORK Autopsy X 228 I certify that I took charge of the remains described above, held on Notural couses Accident Suicide Homicide TITLE (SPECIFY) 10/11/84 M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto. MD. ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 16 Oct 84 Arlington National Cem. Arlington, Virginia 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1432 You ST ... NW **DHMH - 17** W. ERNEST JARVIS CO., INC., WASHINGTON, D. C.C. (VR A15 ME (5) 20M 4/82

A DE COMPANION C THE TENE SERVE OF THE PROPERTY OF THE PROPERTY

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTHCAND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

HOURS

12h KIND OF BUSINESS OR

Own Home

Harris

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

Maryland

COUNTY

COUNTY

22c. DATE SIGNED

IF UNDER 1 YEAR

INDUSTRY

8:00A M

IF UNDER 24 HRS

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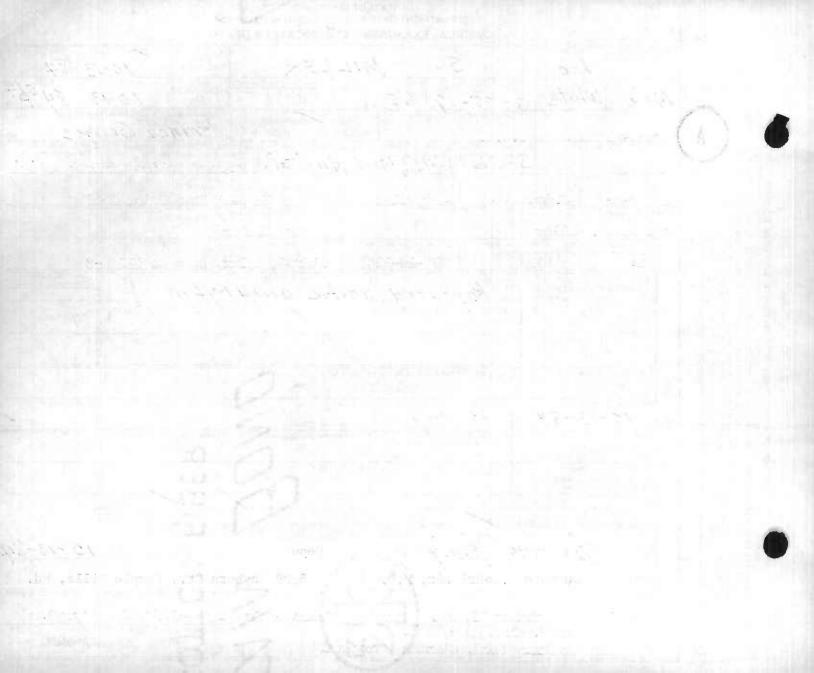
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*	1-	FOR STATE	A.	DEPARTMENT OF HE		OF DEATH	
	1 DE	REGISTRAR CEASED NAME	FIRST	MIDDLE	(S CERTIFICATE	20. DATE KNO	REG. NO. DWN 10 MONTH DAY YEAR 26 HOUR
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Z A A B O B		Mo	Prince Geo	reades by &	YES NO	6012	99th Ave
MD. 1.2, M. 3.3.0 2.5 SITAL	14. F	ATHER'S NAME	MIDOLE	LAST	15. MOTHER'S MAII	DEN NAME MIDDL	20,801
DEATH. MA PAN AND 2 EVIT		Loyliss		Mears	Lula		Lang
FS 1 ON O	166.	WAS DECEASED EVER YES, NO, OR UNKNOWN)	R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY N	O. IT INFORMANT	A	6812 99th Ave.
BALTIMORE, MD. 21201 JRS AFTER DEATH. JF ANY DEL B. GIVEPAGES 1. 2, AND 3 TO WITH FORM PM. 3. RETAIN PT. PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORDS,		No		078-10-9950	Marion L.	Mears	Seabrook, Md. 20706
T., BOURS		18 CAUSE OF DEA	ATH (Enter only one couse per WAS CAUSED BY:	line for (o), (b), and (c).)	1	, .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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NO. NO.	100	22a. I certify that	t I taak charge of the remains	described above, held an	Autopsy . Inspect	ion Inquiry	ond in my opinion
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A WILL SER		ACTUAL	701	7	TITLE (SPECIFY)		DATE ON CLOSE
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			REMOVAL 236. DATE		TERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	74.1	Cremation UNERAL DIRECTOR	Oct.9,19			Washingt	On D.C. 256 REGISTRARE SIGNETURE
DHMH - 17				Lanham Funeral	nome OC	9 1984	To the formation of the state o
(VR A15 ME (5))	2	JIJ Annapo	lis Rd., Lanh	am, Md. 20706		U	

Note that the second se - when the color of the Te.10-9950 Linting L. Jears ... Jeeproon Ju. Street a few to the sucond will be CHAIN TOWN I WAS IN THE WAS Analytington, D.C. earl franchisment at also been TOTAL MARKET AND TANKS OF THE STORE

DEPARTMENT OF HEALTH AND MENTAL HYGIE STATE REGISTRAR REG. NO DECEASED NAME KNOWN MONTH 2a. DATE (TYPE OF PERMIT) DEATH MATED 400 4. RAC MOUR DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED DEAD 9. BAHIMORE CITY OR COUNTY OF DEATH & BIRTHPLACE IMARICA MARRIED PHEVER MARRIED FEREIGN COUNTRY DIVORCED WIDOWED Pennsylvania 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Clinton Retired Police Officer Police COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Delaware Selbyville Sussex 22 F Laws Point Road 15. MOTHER'S MAIDEN NAME MIDDLE Anthony W. Miller Mary Esther ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) WWII 578-16-1240 Mildred Miller, Same As #13 A-E Yes APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per tine for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Kaptured oortic aneur 15 m DUE TO, ON AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART TOR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK TO MELLE CR. .. PAGE A SHOULD BE FORW. TO FUNER LINECTOR. PAGE A SHOULD BE FORW. TO FUNER PAGE AFTER DEATH WITH THE STATE PALLIMORE, MARYLAND, 2127 22a I certify that I took charge of the remains described above, held an Natural causes Hamicide Undetermined manner TITLE (SPECIFY) DATE 10-13-841 Deputy EXAMINER'S NAME Augusto P. Rodrigoez, 5009 Rayburn Ct., Temple Hills, Md. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE October 18, 1984 Maryland Veterans Cemetery Burial Cheltenham, Maryland 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 . a prigason- Randell Old Alexander Ferry Road, Clinton, Maryland (VR A15 ME 663

STATE OF MARYLAND



STATE OF MARYLAND	9
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

		REGISTRAR				CERTIF	ICATE OF DEATH		R	REG. NO.				
		EASED NAME	FIRST		MIDDLE	ı	AST	. 20	. DATE OF DE	ATH MONTH	DAY	YEAR	2b. HOL	JR
ŝ	TYPE	OR PRINT)	LORRAIN	NE M	ARIE	MILL	ER		OCTO	BER 4,	1984		2:1	0рм
	3. SEX			4. RACE		5. DATE C		111	AGE (IN YEARS	LAST BIRTHDAY)		ER I YEAR	IF UNDER	
4		Female	F1600	Cauca	sian	Feb			30	YR:	MONTHS	DAYS	HOURS	MIN.
7		THPLACE ISTATE	OR FOREIGN 7	Th CITIZEN OF	WHAT COUNTRY	0 0	D NEVER MARRIED	9	BALTIMORE (CITY OR COUN	NTY OF D	EATH	100	
		shinato	n D.d	. U.	S.A.	WIDOWE			PRINCE	GEORGE	E'S C	OUNT	Y	MD.
g.	10 C1	Y OR TOWN OF	DEATH	11. NAME OF			R OTHER INSTITUTION		a USUAL OCC		126	KIND O	F BUSINE	ESS OR
2	I	ANHAM		DOCTO			F P.G.Co.		Stuc	dent	O tire! IIV	DUSTRY N	A	
7	13a S	TATE TYLAND	13b COUN	TY	GIVE RESIDENCE BEFORE TO VENEZULE Brandy	VN	134 INSIDECITY LIMI	ITS? 13	STREET ADD	RESS / ZIP CO	Ros	d	206	13
1	14 FA	THER'S NAME					15. MOTHER'S MAIDE	ENNAME			TELE			
Ĺ	Ra	alph first		dore	Mille:	r	Theima	a		100LE 15 E	P	mer		
		AS DECEASED EV		MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	Fath	er	ADDRESS B	ox 2	23-A		
	(,	NO	40 40 40 40		212-66	-5654	Ralph T.	. Mi	ller,	Avenu	e, M	lary	lan	d
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	CERTIFICATION	190 DATE OF OPE	372.5		ITION FOR WHICH		NOT RELATED TO THE		20a AUTOPS	Y? 20b. IF	YES, WER	RE FINDIN	IGS USE	TH?
		21a. ACCIDENT WAS	CAUSE OF DEAT	14	M. MONTH		21¢ HOW INJURY O	CCURRED	ENTER NATURE	OF INJURY IN ITEM	18 PART LO	R PART 2)		
	MEDICAL	21d. INJURY OCC		21e. PLACE	M. OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET		CI	TY OR TOWN	C	OUNTY	Art .	STATE
		AT WORK	WORK			91	1,,	eV.	128	14		81		
	1	278.1 certify that saw the sec- above, (1) 124.5/GNATURY	med alive on		atter path	10	ad that in (corr (our) of	ING	MFOICAL	STAFF				
		22d PHYSICIAN'S	en 1	M	augu	(mD	22e ADDRESS 4707	DA	WTH .	Place	CA	mp.	SPR	ins
	23a. B	URIAL, CREMATIC	N, REMOVAL	236 DATE	230	NAME OF C	EMETERY OR CREMAT	TORY	23d. LOCATIO	N		ALL I		

DHMH - 16 50M 4/83 (VRA 15, 4)

n signed by the attending physician and campletely filled in by the funeral directo. Then please remave carbanpapers. Pages 1 and 2 shauld be filed within 72 haurs a

injury, ar other traumatic event, the

should be detached far use as the burial-transit permit. Then please remave carban pape: with the State Dept. at Health and Mental Hygiene priar to burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

etained by the haspital ar TO FUNERAL DIRECTOR MPORTANT: If hem 21 is marked or hem 18 shows any

Burial 10-8-84 Cedar Hill Companies Burial Home, Waldorf, Maryland

Cedar Hill Cem.

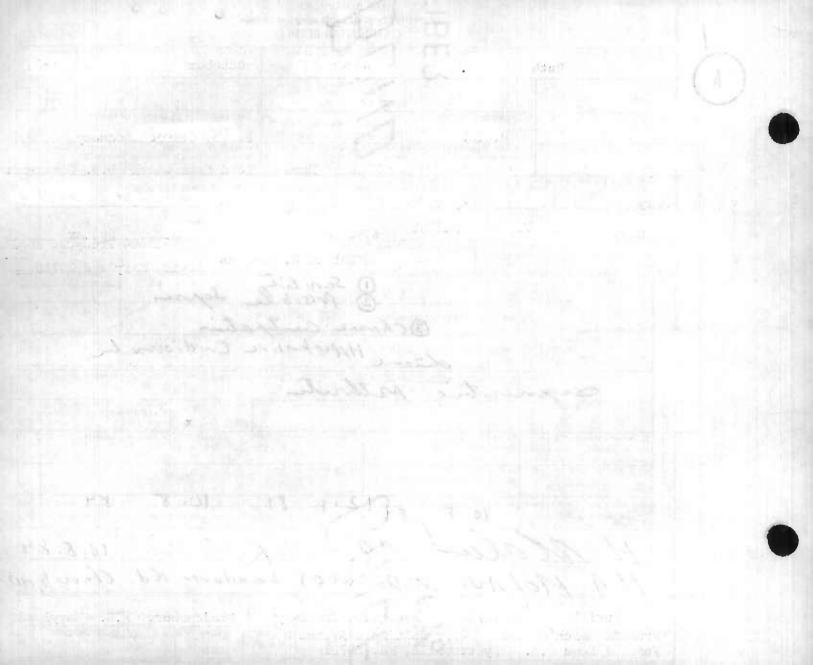
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	1.	FOR STATE REGISTRAR		DEPART	MENT OF HEALTH CERTIFICAT	AND MENTAL HYG				
/	1 DE	CEASED NAME FIRST		MIDDLE	LAST		REG. NO	MONTH DAY	YEAR	2b. HOUR
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	3. SE		4 RACE		5. DATE OF BIRT	H 14 YEAR	& AGE (IN YEARS LAST BIR	HOAY) IF UP	NDER I YEAR	IF UNGER 24 HRS HOURS MIN.
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n 72 hou	100	RTHPLACE (STATE OR FOREIGN COUNTRY)	16. CITIZEN OF	WHAT COUNTRY?	MARRIED XXI	DIVORCED	PRINCE PRINCE		DEATH	E'C MD
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og po	13a. 3	AL RESIDENCE (IF NURSING HOME O STATE 1316 COU	R OTHER INSTITUTION	GIVE RESIDENCE BEFOR	/N 1 13d IN	ISIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	Count	
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place		Chester	J.	Jon	es	Louise	MIDDLE	Ker	r IAST	
medicol		WAS DECEASED EVER IN U.S. AL	RMED FORCES?	16b SOCIAL SECU		formant len L. Mi	ADDRE	ss Same a	s #1	3
uriot, cremotion, or rem , or other froumotic ev		Conditions, if ony, which gove rise to immediate couse (o.), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, O (b) DUE TO, O (c)	r as a consequ	ENCE OF		INAL DISEASE OR CONT	DITION GIVEN I	N PART 1/0	,
s ony injury	CERTIFICATION	190 DATE OF OPERATION			OPERATION WAS		200 AUTOPSY?	20b. IF YES, WI	ERE FINDING	OF DEATH?
m 18 short		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE	ATH HOUR A.	F INJURY M. MONTH D M.		HOW INJURY OCCURR	YES NO A	YES [NO []
ked or Ir	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE		211 L	OCATION STREET	CITY OR TO	WN	COUNTY	STATE
of Heolit		22a.1 certify that (I) (this have sow the deceased alive of above, (I) (Ne) (did) (did no	0.01	121	84 ond that	in (my) (bur) opinion o	, to DCV/S death occurred on the do	19_ ite and hour an		not (I) (lost ouses stated
Stote Dept.		22b. SIGNATURE	un	/	DEGRE	ATTENDING PHYSICIAN ADDRESS	MEDICAL STAF		224. DATE S	IGNED / 84
should be det with the Stote		UJ. CAR	RUSO	m. D	91:	31 Piscati	HWAY Rd.	CLI	nton	J, md
	F	BURIAL, CREMATION, REMOVAL Burial	236. DATE 180ct	1984 C	edar Hi	RY OR CREMATORY 11 Cemete	Y Suitla	ha	PG	STATE Md
6 50M 4/83		UNERAL DIRECTOR		ADDRESS	Sui±lan	d, Md 250 DATE	E REC'D. BY REGISTRAR	256 REGISTRAR	'S SIGNATU	RE
5, 4)	LRC	bert E. Wilh	nelm Fu	neral H	ome	4015	子の記録して	a waydson	-hande	DG S

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH MONTH 26 HOUR I. DECEASED NAME (TYPE OR PRINT) 2:30a, October 8, 1984 Moffat Ruth H. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 5. DATE OF BIRTH 3 SEX 4. RACE MONTH YEAR Female White 1897 87 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED Prince George's County WIDOWED DIVORCED Maryland 17ª USUAL OCCUPATION 17h KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hyattsville Manor Nursing Home Bond Exam Clerk U.S. Hvattsville Governmen USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 136 COUNTY 134 INSIDE CITY LIMITS? 13c CITY OR TOWN YES 😾 NO [4100 Emerson Street Hvattsville Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Moffat Spicer Herbert Annie 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Prospect Knoll Robert W. Bongers 577-54-6154 No Rowie Maryland 20715 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Q Conditions, if ony, which gave rise to immediate couse (o), stoting underlying couse ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO [NOX 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21e. PLACE OF INJURY 21d INJURY OCCURRED COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHITE 22a.1 certify that (1) (this hospital) attended the deceased from. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above (I) (we) (did) (did not) view the body after death. 22c DATE SIGNED 12h SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 774 PHYSICIAN'S NAME THE CHIRING 22e ADDRESS the the 23d LOCATION 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Bladensburg P.G. 10/11/84 Burial Evergreen Cemetery Maryland 4739 Baltimore AVenue Boldaterer D. By registrar 25 Registrar as Signature 24 Fremers Gasch's Sons DHMH - 16 50M 4/B3 Hyattsville, Md. 20781 Funeral Home P.A. MAR (VRA 15, 4)



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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43

	REGISTRAR				CERTIF	ICATE OF DI	EATH	REG	NO.			
	PECEASED NAME	FIRST	J-1-27	MIDDLE	ı	AST		20. DATE OF DEATH		DAY	YEAR	26 HOUR
		NNA	М	arie S.	MOR	GAN	The National		10	28	84	12:35au
3. S	EX		4 RACE		5. DATE C		12.	6 AGE (IN YEARS LAST	BIRTHDAY)	IF U	INDER TYEAR	
F	emale		Cauc.		Aug	I ^{AY}	1895	89	Y	RS MON	THS DAYS	HOURS MIN.
Pe	BIRTHPLACE (STATE OR			WHAT COUNTR	Y? 8	D NEVER M	ARRIED T	9 BALTIMORE CIT	OR COU	NTY OF	DEATH	
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0	CLINTON	ATH	(IF NOT IN SUC	HOSPITAL, NURS H FACILITY, GIVE STRE RN MARYT	EET ADDRESS)		TUTION	120. USUAL OCCUP				vt Print
US 13g V	ual residence (# NUR: STATE irginia	13h COUN Fail	OTHER INSTITUTION	GIVE RESIDENCE BEFO 13. CITY OR TO Annand		13d INSIDE CIT	Y LIMITS?	13e STREET ADDRES			e, 922	9999
	FATHER'S NAME Villiam	С	widd/fe	Sproes	ser	Mary f	MAIDEN NAA	ME MIDDLI	Ę	(Clune	51
160	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SE		17 INFORMAN			DRESS			
	(YES NO OR UNKNOWN)	(IF TES, GIV	E WAR OR DATES	577-24	-9052M	Joseph	A. Mor	cgan/4207				
Г	18 CAUSE OF DEAT PART I. DEATH W	H (Enter or	nly one cause per D BY:	line for (a), (b)		BRA	1 ++0	EMORRH			BETWEEN	ONSET AND DEATH
	102 VOV. 10	IMMEDIA	re CAUSE (a)		ERE	1214	C 1/E	ETVIORICE	4-96	-		
			DUE TO, O	R AS A CONSEC		AC 4.	. AR	00000	SE	737		
12	Canditians, if any gave rise to im-	mediate	(b)	CEKE	151501	JAS CU	UTI	DISER	3 E			
10	cause (a), statu underlying cause		DUE TO, OI	AR TE	WENCE OF	0100	ATIC	DISE	ASE	31		
	PART 2 OTHER SIG	NIFICANTO	CONDITIONS CO	11111	O DEATH BUT	NOT BELATED I	O THE TERM	INAL DISEASE OR CO			INI DADT 1	(a)
Z O	CAR	Dio	ME	CALV	- C	ATR: F	CF	3 BIZIL		3)	
CERTIFICATION	190 DATE OF OPERA	TION	196. CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20b. II	F YES, W	ERE FINDI	INGS USED S OF DEATH?
1			6200					YES NO		YES [NO [
	210. ACCIDENT WAS UN	-	216. TIME O	FINJURY M. MONTH	DAY YEAR	21c. HOW INJ	URY OCCURR	RED (ENTER NATURE OF	NJURY IN ITEM	A 18 PART	T OR PART 7)	
18	(IF EITHER NOTIFY MEDI				19							
MEDICAL	214 INJURY OCCUR		21e PLACE	OF INJURY BEET, FACTORY, OFFICE	E:FARM, ETC.)	211 LOCATION	1	CITY OF	RIOWN		COUNTY	STATE
	ORK NOT WE)RK										
	22a certify that (1) saw the deceas	ed alive an		19	Y L.L.	ed that in (my) (our) apinion o	death occurred an the	date and	, 195 haui an		that (I) (we) last causes stated
	22b. SIGNATURE	20	I view the body	1	1	DEGREE	700				22c. DATE	SIGNED
	LE DOM	W:	37 m	ulan	- My		TENDING HYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN		10-	29-84
1	224 PHYSICIAN'S N.	AME LIYPE C	OR PRINT)			22e ADDRESS			133			
	IK. JA	ml	ANI	in t	>-	90151	wood	JARD R.	9. C	hi	nton	1 rod.
230	BURIAL, CREMATION,	REMOVAL	10/31/			emetery or cr ia Garde		23d LOCATION Arling	ton,	Va.	YIMUC	STATE
	FUNERAL DIRECTOR						25e DATE	E REC'D. BY REGISTR			r's signat	TURE
M	lurphy Fune	ral H	ome/4510	Wilson	Blvd.	Arlingt	ab CVA	3H 1999	John	Tavido	on Par	plette

DHAM - 16 50M 4/83 (VRA 15, 4) Angeleithe Literature and Angeleithe Committee of the Com CONTRACTOR OF THE PROPERTY OF

D		1-	FOR STATE REGISTRAR			DEP	ARTMENT OF I	E OF MARTLAND IEALTH AND MENTAL HY ICATE OF DEATH		, NO.		
10	1		EASED NAME	FIRST		WIDDLE		18A	20 DATE OF DEAT		DAY YEAR	26 HOUR
(2D	75	(1YPE	OR PRINT)	Cha	rles	Thomas	s Me	ORRIS	October	29	1984	6:35am M
-	40	3. SE)		1	RACE		5. DATE		6. AGE IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	to a		MALE		BL	ACK	SE		55	YRS	MONTHS DAYS	HOURS MIN.
A 2	12 A/X		RTHPLACE (STATE OR FO	DREIGN 7		WHAT COUN	TRY2 8		9 BALTIMORE CIT		Y OF DEATH	
1	20		ALA.			S. A.	WIDOW	Transit .	PRINCE		nge3	MD.
1	193	1	YOR TOWN OF DEA	TH		CH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR ME	OST OF WORKING L	(FE) INDUSTRY	OF BUSINESS OR
212	100	USU	AL RESIDENCE (IF NURSI	NG HOME OR C	THER INSTITUTION			134 INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / 7IP COD	= 28	1700
N 77	11-55	130 3	Mo.	P.		CANDO		YES MO	7751 BU			100
MARYLA H Hin	160	14 FA	THER'S NAME FIRST	!NKN	DOLE OLVA	LAST		15. MOTHER'S MAIDEN N FIRST	AME MIDDE		LA	\$T
RE,	27 07		VAS DECEASED EVER I		NED FORCES?	166. SOCIAL	SECURITY NO.	17 INFORMANT		DRESS		
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N SI	7111		THE PARTY	IMMEDIATE	CAUSE (0)_	DAS A CONS	EQUENCE OF.					
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FVIT Physic		L CERT	210. ACCIDENT WAS UND		HOUR A	OF INJURY	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF	81 MJTI MI YRULMI	PART I OR PART 2)	
O 200	1117	MEDICAL	(IF EITHER NOTIFY MEDIC			OF INJURY	19	211 LOCATION				
OISIVII OISIVII CHend	her the	MEC	WHILE NOT WHI			TREET, FACTORY, OF	FFICE FARM, ETC.)	STREET	CITY	OR TOWN	COUNTY	STATE
THENDS	for use of Healt		220.1 certify that (1) sow the decease abave, (1) (we) (d	d olive on_	10	127		nd that in (my) (our) opinio	n deoth occurred on th	ne date and ha		that (1) (we) lost couses stated
40,44	eroched te Dept.		226. SIGNATURE	Mi	We	en	M	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN []	22c DATE	SD 80
HOSPITA Tolined by	Post A September 2		SICIAN'S NA	ME (TYPE OR	Mot	AN		6510 K	ehilm	in Au	e Pr	ndah
BP.	513	130	REMATION,	REMOVAL	236. DATE	184		CEMETERY OR CREMATORY	CITY OR TOW	NO PA	RK, P.G.	No.
DHMH -	16 50M 4/83		JNERAL DIRECTOR					135A.P.	TE REC D. BY REGIST	RAP 255. REGIS	TRANSPICNA	TURE
	15, 4)	H	S. WASHIE	IGTON	- SONS	\$ 4925	BURROWS	HS AVE, N. S.	T. C. MOSA	Thank	The state of the	Breize.

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BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR				CERTIF	CATE OF DE	ATH	REG	NO.			
		CEASED NAME	FIRST	٨	MIDDLE	į.	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOU	R
	(1YPE	OR PRINT)	Harri	Lson	L.	Mo	ore				4,1984	6:0	5A. _M
	3. SE2	X		1 RACE		5. DATE C		WE AR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER	24 HRS MIN.
	M	ale	9	Blac	k	Oct		1910	73	YRS		HOURS	MIN.
1		RTHPLACE (STATE OF ECOUNTRY) Md.	FOREIGN		WHAT COUNTR	Y? 8 MARRIEI WIDOWE	D NEVER MA	ARRIED XX	Prince (MD.
1		Laurel		Greater	HOSPITAL, NURS H FACILITY, GIVE STRE Laure1	Beltsv			120 USUAL OCCUP (TYPE OF WORK FOR MO Labor	ST OF WORKING	126. KIND O INDUSTRY	F BUSINE	SSOR
4	13a S	AL RESIDENCE HE HURS STATE Md.	136 COUN		136 CITY OR TO Laure	WN		40 🗌	13e STREET ADDRES			207	707
5			arles	Moore				Be	rtha M.		tAS	ī	
	17	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		WAR OR DATES)	166. SOCIAL SE		Marga Marga		oore(sis	ster)	same a	s #:	13
	NOI	Conditions, if ony, gove rise to improve (o), stating underlying cause	mediate ng the lost.	(b) DUE TO, OF	RAS A CONSEC RAS A CONSEC DITRIBUTING TO FOLLAR	DUENCE OF	NOT RELATED T		INALDISEASE OR CO		GIVEN IN PART 110	12	
1	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	ITION FOR WHI	CH OPERATIO	N WAS PERFOR	MED	YES NO	IN CER	YES, WERE FINDIN TIFYING CAUSES YES []	OF DEAT	H?
3		21a ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJ	JRY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM I	B PART I OR PART 2)		
	MEDICAL	VHILE NOT WE AT WORK	OLE []	21e PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET	4	CITYO	RTOWN	COUNTY	S	STATE
		22a 1 certify that (I) saw the decease above, (I) (we) (S	ed alive on_	9	19	84, or	nd that in (my) (d	. 195 our) apinion o	eoth occurred on the	date and h			
		72d. PHYSICIAN'S N	LES L	1/m	M		AT	TENDING HYSICIAN	DIRECTOR PHY	TAFF SICIAN [ZA. DAIL		
		L-CASAS	FOR	DR. O	F. COMI		14201	- 4	er PK W	#22	2 C/-44	CEL IM	0707
		BURIAL, CREMATION, (SPECIFY) Buri		10-8-	-84	Asbury	Cemet	erv	Jessu	o, Ho	ward, M	ld. s	TATE
	24 FL	UNERAL DIRECTOR	7.700	11-7-1	246 N.	Washi	ngton	S En DATE	REC'D. BY REGISTR	AR 25b. REGI	ISTRAR'S SIGNAT	URE	
	Ge	orge R	Snow	ien '	Rockszi	la Ma	20850	UU			de de		

AJAM.

4.2

STATE OF MARYLAND

dele limoxiMov.24,1953 11 0 0 0 All the ebone sons a president to the transfer of St. The opening the street and

	G PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may offending physician.	er this certificate has been signed by the ottending physician and completely filled in by the funeral investments the build-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 liquid and
	Poge	A Sup
	deoth	funero
5	offer	y the
2120	hours	d in b
TAND	hin 24	should
MARY	pa pa	mplete ond 2
ORE,	xecut	nd co
ALTIM	e p	ers. Po
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ORDS	eq.	t. Ther
L REC	e low	hos be
VITA	IN: Th	ronsit
Ö	SICIA ng ph	certif priol-t
VISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	G PHYSICIAN: The I	er this

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE . REGISTRAR		DE		CATE OF DEAT		REG. 1	10.				
	CEASED NAME	FIRST	WIDDLE	L	ST	20. DA1	E OF DEATH	HINOM	DAY	YEAR	ZE HOL	JR
(117)	OK PRINT)	MARTHA	G.	MC	ORE			10	28	84	5:	40Pm
3. SEX		4. RACE		5. DATE O			(IN YEARS LAST B	RTHDAY)	IF UNDE		IF UNDER	
H	emale	B1	ack	MONTH 5-7	-19Î10	EAR	ι) _ι	YRS.	MONTHS	DAY5	HOURS	MIN.
7s. BIF	RTHPLACE (STATE ORF		OF WHAT COU	NTRY? 8		9. BALT	IMORE CITY		Y OF DE	ATH		
	rvland	TT	-S-A	WIDOWE	NEVER MARR	ED PRI	NCE GEO	RCFIC	COU	NITY		MD
	TY OR TOWN OF DEA	TH 11. NAME	OF HOSPITAL, N	URSING HOME O	R OTHER INSTITUT	ON 12a US	JAL OCCUPA	ION	12b.	KINDO	F BUSIN	
	CHEVERLY		IN SUCH FACILITY, GIV	E'S GENES	RAL HOSP&		work for most			USTRY	losp	ite
	AL RESIDENCE (IF NURSI	ING HOME OR OTHER INSTIT			CAL MUSICA					Uel	1035	7100
		13b COUNTY	13c. CITY O		13d. INSIDE CITY LI		EET ADDRESS				217	7-
	THER'S NAME	P.G	upper	Maribo	15. MOTHER'S MA		137 Pr	THEA	LIS	100	NO 1	1 6
	FIRST	MIDDLE	LA		FIRST		MIDDLE			EAST	1	
	AS DECEASED EVER	E.	Moor	L SECURITY NO.	Mari 17. INFORMANT	.6	ADDI		Burr			3
	ES, NO OR UNKNOWN)	HE YES, GIVE WAR OR DAT		L SECURIT INO.	B 22157000000		1 02 7	Bra:	nayv	vine	e Mc	1
	No		1579-	-56-WW)	Mary	Higgs .	4211	Spri			AATT BUTE	
NOI	PART 2 OTHER SIGN		Sa	G TO DEATH BUT	NOT BELATED TO I	HE TERMINALDIS	SEASE OR CO	NOITHONG	WEN IN F	PART B	1600	Ati
CERTIFICATION	19a DATE OF OPERAT	ION 196 C	ONDITION FOR V	WHICH OPERATION	WAS PERFORME		AUTOPSY?	IN CERT	ES, WERE		OF DEA	TH?
-	21a, ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH HOU	ME OF INJURY IR A.M. MONT P.M.	H DAY YEAR	21c. HOW INJURY	OCCURRED (EN			PART I OR	PART 2}	ИО [
MEDICAL	21d. INJURY OCCURR	HE (AT HO	ACE OF INJURY ME STREET, FACTORY,	OFFICE, FARM, ETC.)	211_LOCATION STREET		CITY OR I	OWN	COL	YINU		STATE
	220. I certify that (I) sow the decease	(this hospital) attended alive on	ed the deceased	1984 /, on	d that in (my) (our) DEGREE ATTEN PHYS 27e ADDRESS		CAL _ ST	AFF		,	-	ated
	SIETION	11. (Ans	S. Ann	(m_{I})	13/A-h	0 6/44	. M	1.7	17/1			

DHMH - 16 50M 4/83 (VRA 15, 4)

ADAMS F.H. PA AQUASCO MARYLAND 20608

Adagoras Names A

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO. DECEASED NAME O DATE KNOWN TO MONTH Ann CTYPE OR PRINTS OF ESTI-Catherine DEATH MATED 10 DATE LAST BIRTHDAY) PRONOUNCED DEAD 86 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY! DIVORCED Pennsylvania 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION
(IF NOT INSUCHEACHLITY, GIVE STREET ADDRESS) FZB. KIND OF BUSINESS O CITY OR TOWN OF DEATH Wife House Own Home USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 20748 Temple Georges VITAL 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALIDDI F LAST FIRST Larkin John Carnev Mary 16b SOCIAL SECURITY NO. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Washing Con. Md. 20744 (YES, NO. OR UNKNOWN) 578-28-3334 Patricia Burch. 8014 Murray Hill No CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) his cardiovas culas PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL - TRANSIT OF HEALTH AND MENTAL HYC RIAL, CREMATION, OR REMOV Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION JURE: 11...

SE FICATE, WRITING, THE C...

SECTOR: PAGE 3 SHOULD BE USED AS, THE STATE DEPARTMENT OF HEA!

THE STATE DEPARTMENT OF HEA!

THE STATE DEPARTMENT OF HEA! 190 DATE OF OPERATION 20 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? YES NO F 71g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 71f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE PORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALLLMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Hamicide Undetermined manner Notural causes TITLE (SPECIFY) Deputy MEDICAL EXAMINER ADDRESOO9 Rayburn Ct., Temple Hills, Md. EXAMINER'S NAME Augusto P. Rodriguez. M.D. 73c NAME OF CEMETERY OR CREMATORY 734 LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b DATE Pittsburgh, Alleg. Burial BP Calvary Cem 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR **DHMH** - 17 Huntt Funeral Home, Waldorf, Md. ma varydon Handale (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

The street of th the man I have the begin the second to the second to the second the state of the commence of the contract of t Lat. . mile . . My was a 27 Property of the Life State of t and the second s P

FOR 1 - STATE REGISTRAR DECEASED NAME

Andrews AFB

14 FATHER'S NAME

CERTIFICATION

WEDICAL

(TYPE OR PRINT)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

JR.

REG. 1	NO.				
20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	JR .
	OCT	8	84	06:	43 _A
6 AGE (IN YEARS LAST B	IRTHDAY)	# UN	DER 1 YEAR	IF UNDER	24 HRS
66	YRS	MONT	DAYS	HOURS	M IN.
9 BALTIMORE CITY	OR COUNT	YOF	DEATH		

4 RACE 5 DATE OF BIRTH 15 Male Cauc. Ta BIRTHPLACE ISTATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED W. Va. USA WIDOWED 10. CITY OR TOWN OF DEATH

Prince George DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION Malcelm Grow Medical Center LTYPE OF WORK FOR MOST OF WORKING LIFE

US Army 3057 Brinkley Rd. 20748

12b. KIND OF BUSINESS OR

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Pr. George Temple Hills Maryland

MIDDLE

15 MOTHER'S MAIDEN NAME Mullins Mary

MULLINS

MIDDLE

Retired

McCornick

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

IN U.S. ARMED FORCES? 60 WAS DECEASED EVER WWII. Korea Yes

FIRST

EVERETT

16b. SOCIAL SECURITY NO 236-01-0957

Mary Y. Mullins same as item 13

13d. INSIDE CITY LIMITS?

18AR

ADDRESS

APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Cardiogenic Shock IMMEDIATE CAUSE (0) Critical Aortic Stenosis Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse

17 INFORMANT

190 DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YE P.M.	AR
114 INJURY OCCURRED	21e. PLACE OF INJURY	1

NOX 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 211 LOCATION

20a AUTOPSY?

WHILE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive of 8 OCTOBER above, (1) (we) (did) (did not) view the bady after death

OCTOBER opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

EVILLE
PRINT)

PHYSICIAN DIRECTOR PHYSICIAN

Malcolm Grew Medical Center

/ MEDICAL

	X	JAMES	S. N	E	VI	LL	=
73n	BLIDIAL	CREMATION	PEAAOVAI	T	235 8	DATE	_

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION Arlington Nat. Cemetery Arlington

COUNTY Va.

22c DATE SIGNED

24 FUNERAL DIRECTOR

Burial

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

10/12/84

(VRA 15. 4)

ATTENDING

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

& OCT 1984

STATE

DHMH - 16 50M 4/83

MPORTANT:

35 or 21 \$ 15 to 66

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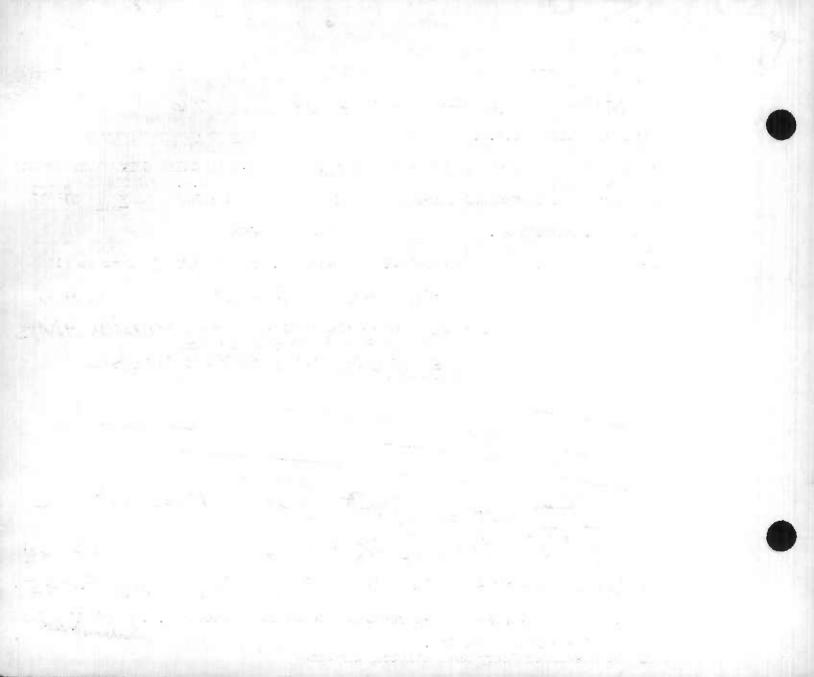
.a. File cox .b. file most for safe. .a.

CERTIFICATE OF DEATH REGISTRAR REG NO 2b. HOUR DECEASED NAME MIDDLE LAST 2a DATE OF DEATH MONTH 84 9.24pm M IF UNDER LYEAR IF UNDER 24 HRS A: AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGES COUNTY 126 KIND OF BUSINESS OR RETIRED CHIEF COPYWRIGHT GOVERNMENT 20735 MIDDLE EAST NATA BLAYLOCK ADDRESS MARJORIE A. MUMFORD (Wife) Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MIA ERDHATERAL MYDCARDIAL INFARETTON ENERALIZED ARTERIOSCHENOUS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL CENTER NATURE OF INITIRY IN ITEM TR PART LOR PART 21 COUNTY and that in (my) (and) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL DIRECTOR PHYSICIAN Clinton P.G. Maryland 20735 24 FUNERAL DIRECTOR LEE FUNERAL HOME ING. 250 DATE REC'D. BY REGISTRAR 26 ATSISDAM 6633 Old Alexander Ferry Road Clinton Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)



IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumatic event, the medical exeminer must be

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	113	REG. N	0		
		CEASED NAME	FIRST	٨	AIDDLE	ı	AST	2 a.			DAY YEAR	2b HOUR
	(TIPE		ITH	REBE	CCA	MYE	RS		OCTOBER 1	. 198	4	3:30p M
	3. SEX			4 RACE		5. DATE C	DAY YEAR	110	AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS
3	F	emale	12	White	9	Nov	. 14, 193	31	52	YRS		
1		OUNTRY - (STATE OR FO	REIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9.1	BALTIMORE CITY C	R COUNTY	OFDEATH	
2	M	aryland		U.S.	. A.	WIDOWE			rince Geo	rge's	Co.	MD.
10	10 CI	TY OR TOWN OF DEAT	Н		HOSPITAL, NURSIN		OR OTHER INSTITUTION	1 120	USUAL OCCUPAT			OF BUSINESS OR
		ANHAM		DOCTO	RS' HOSPI	ITAL o	f P.G. CO		Housewill	е.	Own	1 Home
4	13a. S	TATE TYLAND	3P COAL		GIVE RESIDENCE BEFOR TOW Upper		134 INSIDE CITY LIMIT	130	STREET ADDRESS	zip code	/ 2077	72
	_	THER'S NAME			Marlbo	ro	15 MOTHER'S MAIDEN	NNAME		Vent/		
		James		W.	Lovele	SS	Anne	asta	cia		Mo	ran
		AS DECEASED EVER IN		MED FORCES?	166. SOCIAL SECU	URITY NO.	17 INFORMANT		ADDR	55 311	2 Pyle	es Dr.,
	N	ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR ON DATES)	220-28	-5942	Thomas H	E. M	yers, Sr.	-Upp	er Mar	clboro,
		18 CAUSE OF DEATH			line for (a), (b), an	nd (c).1				Md.	2011	ONSET AND DEATH
	13	PART I. DEATH WA		D BY TE CAUSE (o)	ulman	m	METaso	me.	>			
			TIMEDIA		A CONSTOLL	TNICE OF				Alexand		
		Conditions, if any,	مامة والم	DUE 10, OI	R AS A CONSEOU	ence of	Bo-ex	7				
		gove rise to imme	diote	(p)			00					
		cause (a), stating underlying cause		DUE TO, OI	R AS A CONSEQU	ENCE OF						
				(c)								
i	z	PART 2 OTHER SIGNI	FICANZ	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINA	AL DISEASE OR CON	DITION GIV	EN IN PART 11	0.
-	CERTIFICATION	IN DAYS OF OVERALL	ممر	TIAL CONTO	TION FOR WHICH	1 OBERATIO	NAME DEDECTOR		20- ALITOPSY2	TOOL IS VES	S, WERE FINDIN	ACE HEED
1	No.	190 DATE OF OPERATION	ON	148 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		YING CAUSES	
4	ET.								YES NO		5 🗌	NO E
7		218, ACCIDENT WAS UNDE	_	216. TIME O		AY YEAR	21c HOW INJURY OC	CURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 P	PART TORPART 2)	
X	CAL	(IF EITHER NOTIFY MEDICA			M.	19					5 1 68	
1	MEDICAL	21d INJURY OCCURRE		21e. PLACE	OF INJURY	FARM FICT	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
7	2	AT WORK					200					
ш	100	22a I certify that (1)	this hosp		e deceased from_	9/1	19_	94	to_10/1	,	19 F-4	that ((we) lost
	124	saw the deceased above. (1) we) (die	olive or	9/30	alter death	8 Y or	nd that in (a) (our) apr	ınion dea	th occurred on the d	ate and hav	or and from the	causes stated
М		TIL IGNATURE		The body	oner deam		DEGREE				22c. DATE	SIGNED
1		Kohen	- E	ude		- his	ATTENDIN		MEDICAL STA	FF IAN [10/	1/84
i		124 PHYSICIAN'S NA	ME (TYPE	OR PRINT)			22e ADDRESS		THE COME THIS			
		Robert		Ruder	man	mo	6510 KG	EN,C	werth /	718.	River	date M
		URIAL, CREMATION, R	EMOVAL				EMETERY OR CREMATO		23d LOCATION CITY OR TOWN		COUNTY	STATE
	B	urial		10/5/	/84 Fo:	rt Li	ncoln Cen		Brentwo			
	K1	chard A.	Col		Jpper.M	arlbo	ro, 250	DATE RE	A 400 Å	25b. REGIST	Parts SIGNAT	Handell
	r'u	neral Hom	16	1	Md. 207	72		061	4 1984	/ .		

DHMH - 16 50M 4/83 (VRA 15, 4)

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22 23 Maryland - U. S. A. enol on O elivernoh Jones I. Loveless connected to the same of cusultum tegor-. at a to the supplemental to the constitution of t the contract of the contract o 1100 m. Column-- M. 20772

51	1-	STATE REGISTRAR	DEPAK	CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ge 3		John	Gleason	MYERS	October 20, 198	12:20
1	3 SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
4		Male	Caucasian	May 8, 1918	66 yrs.	Jacobs Ja
2 1	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED W NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
N		ode_Island	USA	WIDOWED DIVORCED	Prince George's	County A
100		Bowie	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE 12227 Wynmore		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Auditor	126. KIND OF BUSINESS COUNTY US Governme:
86	13a 3	STATE 13b. COU	r other institution, give residence before NTY lorge's Bowie	RE ADMISSION) WN 13d, INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP COD 12227 Wynmore I	Eane 20715
lo la	14 F	John Gle	MODIE LAST Bason Myers,	Sr. Winifred	MIDDLE	Pollard
medical		VAS DECEASED EVER IN U.S. AT YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECULAR SECULA		1222 Wynmor ers Bowie, Maryl	re Lane Land 20715
rmit. Then please prior to burial, or any injury, or ath	CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	may arre	RMINAL DISEASE OR CONDITION GI	VEN IN PART I (0) S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
grene shows	E					ES NO
Vental Hygier Item 18 shov	-	210 ACCIDENT WAS UNDERLYING CAUSE OF DE CIFETHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
th and M arked ar	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE		CITY OR TOWN	COUNTY STATE
of Heal		saw the deceased alive or above, (I) (we) (did) (did n	ottol) attended the deceosed from Scot. 19 19 19) view the body after death.	, and that in (my) (our) apinio	in death accurred on the date and ha	_
FUNERAL DIRECTION of the State Dept ORTANT: If them		226. SIGNATURE	Aha)	DEGREE M.D. ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	0ct. 22, 19
should be de with the State		Dr. Abdul Q.	Ahad, M. D.	3327 Superi	or Lane Suite 102	Bowie, MD 20
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1984 23, M	NAME OF CEMETERY OR CREMATOR CATTERNATOR C	em. Cheltenham. F	r. George's, 1
16 50M 4/83 RA 15, 4)		eall Funeral Ho	that 16000 some Bowie,	Annapolis Road 25a.D Maryland 20715	até rec'd, by registrar 256, Regis	ran's signature

STATE OF MARYLAND

Deresta CO, 1904 (00 Midero great notice mich old Comments they be like the total of the total sonate ACTION LIGHT PROPERTY SOLITS Coroll always of the said John Charges Strates er. Whilesa Agree Colored Turca | Tanking | 12 22 | 12 22 | 13 22 | 13 22 | 13 22 | 13 22 | 13 22 | 13 22 | 13 22 | 13 22 | 13 22 | 13 2 1500 30 .000 Charles and the care and control of the Jean H C. Berger Versyng Ca. Jackmanism, IV. George's, Mithe Park of the Park Park Park Control of the Later of La FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

П	REGISTRAR				CERTIF	ICATE	PULAIN		REG. NO.				
1	1. DECEASED NAME	FIRST		MIDDLE	t.	AST		20. DATE OF	DEATH M	ONTH	DAY YEAR	2b. HO	UR
1	(TYPE OR PRINT)	JOSEP	H I	н.	NICHO	LS, J	R.	OCT	OBER	19.	1984	12:	:17pm
	3. SEX		4 RACE		S. DATE O			6. AGE IN YE	ARS LAST BIRTHE	DAY)	IF UNDER I YEAR	R IF UNDE	R 24 HRS
1	Male		Whit	e	May 2	23, 1	922 YEAR	62		YRS.	MONTHS DAYS	HOURS	MIN.
Δ	To. BIRTHPLACE (STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	RY? 8	NEV	ER MARRIED	9 BALTIMOR	E CITY OR	COUNT	Y OF DEATH		
Ž.	Florida		U.S.		WIDOWE	D	DIVORCED [COUNT	Y	MD.
Я	10. CITY OR TOWN OF D	EATH		HOSPITAL, NUR		ROTHER	NSTITUTION	120 USUAL O	CCUPATION	NORKING I	126 KIND INDUSTRY		ESS OR
2	LANHAM			ORS' HOS		of P	G Co	Electr					t.
	USUAL RESIDENCE (IF NO	IRSING HOME OR	OTHER INSTITUTION		FORE ADMISSION)		E CITY LIMITS?	13e.STREET A	DDRESS / 2	ZIP COD)F		
A	Maryland	P.			ge City	YES 🔀	NO []				. 2072	2	
7	14 FATHER'S NAME		WIDDLE	LAST		15. MOTH	ER'S MAIDEN NA		WIDDLE				
	Joseph		H.		ls, Sr.	Ge	orgia		E.		Sonnei	nberg	
Ī	160 WAS DECEASED EVE			166 SOCIAL SE		17 INFO	THAM		ADDRES:	S Ad	dress S	ame	as
	Yes-Navy		WAR OR DATES)	264-16	5-5441	Mrs.	Inez F.	Nichol	8	No	# 13e.		
1	II CAUSE OF DEA	ATH (Enter on	ly one couse per	line for (a), (b),	ond/91 /	7.		0	2	D	BETWEEN	XIMATE INT	ERVAL ID DEATH
	PART I. DEATH		E CAUSE (o)	Leru; no	el c	ava	Mongas	135.5	12er	190	nei -		66
1	E STATE OF		DUE TO, O	R AS A CONSEC	DUENCE OF		0			,5	1		
1	Conditions, if or		((b)_		00	en	· Cara	Mor	10/				
	gove rise to i	mmediate ting the	DUETO	R AS A CONSEC	OUENCE OF		01		0/	U			
	underlying cou	underlying couse lost (c)											
	PART 2 OTHER SI	GNIFICANTO	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELA	TED TO THE TERM	AINAL DISEASE	OR CONDI	ITION GI	VEN IN PART I	la:	
	OI												
5	190 DATE OF OPER	RATION	196 CONDITION FOR WHICH OPERATION			N WAS PE	WAS PERFORMED 200 AUTO				S, WERE FIND		
	RIF		4					YES 🗌	NOX		ES 🗍	NO	
1			21b. TIME C HOUR A.	M. MONTH	DAY YEAR	21c HOV	V INJURY OCCUR	RED (ENTER NAT	URE OF INJURY	IN ITEM 18.	PART + OR PART 2)		
П	(IF EITHER, NOTIFY ME	_		M.	19			1000					
	(IF EITHER, NOTIFY MI		21e. PLACE	OF INJURY	CE EARM ETC)	211 LOC	ATION		CITY OR TOWN	N	COUNTY		STATE
	AT WORK NOT	WHILE				0/1		11 1	8/12		-0/		
	220.1 certify the	-	/ / / /	edecemed from	- NI	712	19914	, 10	7//		19/14	, that (I)	(we) ast
	sow the des	olive on	t) view the body	oftweeteath.	84 of	d that it	my (our) opinion	death occurred	on the date	e and ha	ur and from th	e couses s	tated
	22b. S. Charton	-	10	//	3	EGREE		/			22c DAT	SIGNED	1/2
	X	al	IK	ac			PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	AN 🗆	10	11/	1
	SHE PHISICIAN'S	NAME (TYPE O	rem		M. BUST	22e ADD	RESS	1	1	2		1	1
	T. CH	AUCH	HZX			84	246	Echnin	Ka.	In the	ting of	EN4	7 1
	230 BURIAL, CREMATION	N, REMOVAL	23b. DATE		3c. NAME OF C	EMETERY	OR CREMATORY	23d LOCA	I ION OR TOWN			Uz;	-
	Buria	1	10/22	/84	Ft. Lin	coln	Cemetery	Brent	wood	P	.G.	Mary	land
	24FranciscGa	sch's	Sons	4739 Ba	altimor	e Ave	nue 250 DA	TE REC'D. BY RE	GISTRAR 25	Sh REGIS	TRAR'S SIGNA	TURE	
	Funeral Ho	me P.A	. Hya	ttsville		2078	000	23 199	11 Just	a Dav	idson-Ra	della	

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If hem 21 is should be detached fo with the State Dept. of

TO FUNERAL DIRECTOR: After this certificate has been signed by use as the burial-transit permit. morked or Item 18 the tar

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

etoined by the hospital or

page 3 er deoth

anding physician and completely filled in carban papers. Pages 1 and 2 shells be

		N. S. S. SANKER		
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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1	/		
7	Geath. Page 4 may be	meral director page 3	
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the threat litter in page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with 72 permit after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

FOR STATE DE

STATE OF MARYLAND	8
PARTMENT OF HEALTH AND MENTAL HYGIENE	O
CERTIFICATE OF DEATH	

	REGISTRAR				CERTIF	ICAIL OF	DEATH	RE	G. NO.						
	CEASED NAME	FIRST		MIDDLE	- 1	AST .		2a. DATE OF DEA		DAY	YEAR	26. HOUR			
(TYPE	OR PRINT)	Walter	G	eorge	Ni	eman	0.14		10	13	84	3:10p _M			
3. SE	X		4 RACE		5. DATE C			6. AGE (IN YEARS LA	ST BIRTHDAY)		DERIYEAR				
	Male		Whit	e	MONTH	2 DAY	VEAR 06		78 YR		DAYS	HOURS MIN.			
	IRTHPLACE (ST.	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8.	K NEVEO	MARRIED -	9 BALTIMORE CI							
	Nebi	raska	U.S.A		MARRIE		MARRIED	Prince	Georg	ge's	Coun	ty MD.			
10 C	ITY OR TOWN C	OF DEATH		HOSPITAL, NU	JRSING HOME C	OR OTHER INS	TITUTION	12a USUAL OCCU			L KIND C	OF BUSINESS OR			
	argo			Care of				Account	ant	A	rmy	Corp Eng			
	AL RESIDENCE (IF NURSING HOME OR		13c. CITY OR		1 13d INSIDE O	TTY HAAITS?	13e STREET ADDR	ESS / 7IP C	ODE					
Ma	ryland	P.G.		Greenb	_	YES X	NO 🗌	131 Gree			20	770			
14 F/	ATHER'S NAME FIRST		MIDDLE	1A51		15 MOTHER	S MAIDEN NAM	AE MIDE	DLE		t AS	ST			
	Herman	1		Neima	ın	Lo	ouise				Lang	emeier			
		EVER IN U.S. AR		16b. SOCIAL	SECURITY NO.	17. INFORM	ANT	A	DDRESS						
(YES, NO OR UNKNOW	VN) (IF YES, GIV	E WAR OR DATES)	502-07	7-0980	Ethel	Nieman	(Wife) S	ame as	3 13e					
	18 CAUSE OF	DEATH (Enter on	ly one couse pe	er line fo /s), (b	ol, and (ci.)		0	-				ONSET AND DEATH			
	PART I. DE	ATH WAS CAUSE		RIA	seral	orey	an	ul							
	IMMEDIATE CAUSE (o)														
	DUE TO, OR AS A CONSEQUENCE OF														
	Conditions, if ony, which														
	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF														
	underlying cause last.														
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO														
z	PART 2 OTHE	K SIGNIFICANT (CADITIONS	ONIKIBUTING	O DEATH BUT	NOI KELAIE	JIO THE TERM	IN AL DISEASE OR	CONDITION	GIVENI	I PARI II	0			
MEDICAL CERTIFICATION															
CA	19a DATE OF C	PERATION	19b. COND	DITION FOR WI	HICH OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA						
TSE								YES NO YES							
ER.	21a. ACCIDENT W	AS UNDERLYING		OF INJURY		21c. HOW IN	JURY OCCURR	ED (ENTER NATURE O	INJURY IN ITEM	18 PART TO	OR PART 2)				
1		G CAUSE OF DEA	(In	UR A.M. MONTH DAY YEAR											
Ď.		FY MEDIC AL EXAMINER		P.M. 19			Town or strong								
AED	21d INJURY O			PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			21f LOCATION STREET CITY OR TOW			COUNTY STATE					
~	WHILE NOTWHILE ATWORK ATWORK														
	22a I certify t	hat (I) (this harps	tal) ottended t	he deceased fr	om	//	19 64		113	, 19	F4.	that (I) (we) lost			
	saw the deceased alive an 10/12 19 Eg, and that in (my) (empopinion death occurred on the date and hour and										from the	couses stated			
	obove, (I) (we) Idid) (did not) view the body after death. 22h. SIGNATURE DEGREE										22c. DATE	SIGNED			
	6	2011	Kini	. 6	M	10/	ATTENDING _	MEDICAL _	STAFF	11.03	10/1	0/40			
	10	N'S NAME TYPE O	nai	corry	70	100 10000		DIRECTOR PH	IYSICIAN [(-/.	1/84			
				-		6501 Landover Rd., Cheverly, Md. 20					2705				
	Barry	Rosenbe	erg			6501	Landove	r Rd., Ch	neverl	y, Mo	1. 20	1/85			
		TION, REMOVAL		10.	23c. NAME OF C			23d LOCATION		roi	PNTY	SLATE			
	Bur:	Lal	10/18	/84	Ft. Lin	coln C	emetery	Brentw		P.	Ğ.	Maryland			

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the medica 23a BURIAL, CREMATION, REMOVAL (SPECERY) Burial

24 FUNERAL DIRECTOR Francis Gasch's Sons 4739 Baltimore Avenue

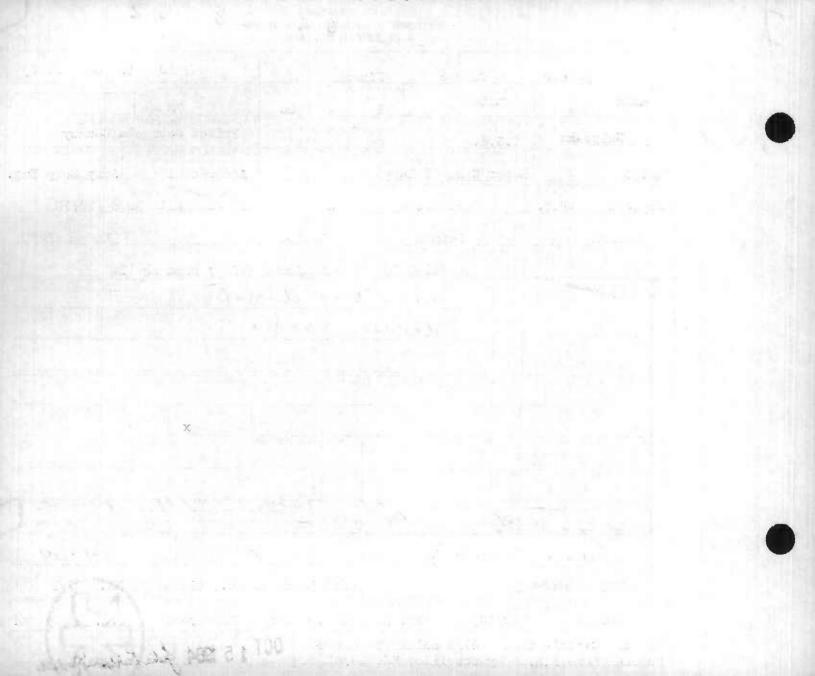
P.G. Ft. Lincoln Cemetery REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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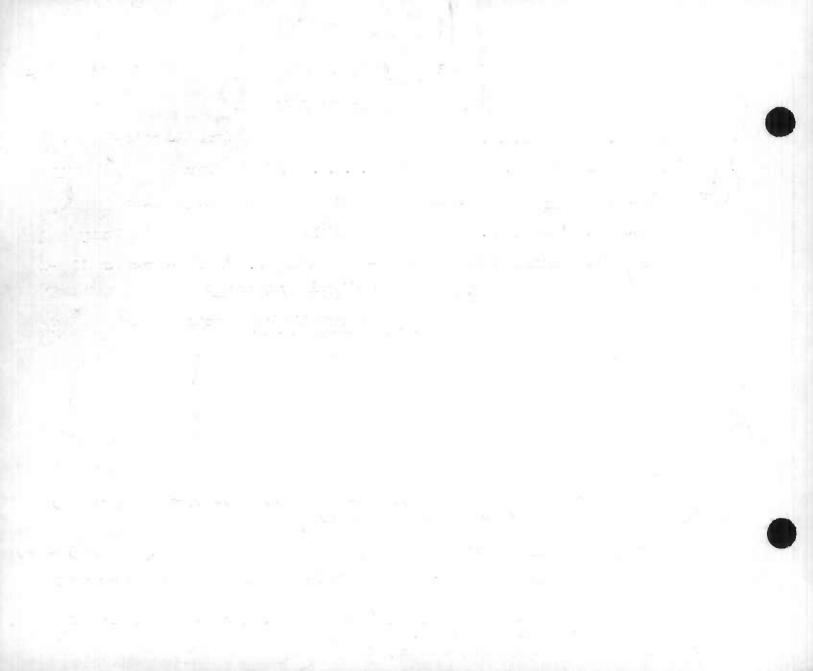
Funeral Home P.A.

Hyattsville, Md. 20781



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	١,,	REGISTRAR		CERTIFICATE OF DEATH	REG. NO).		
I. DECEASED (IVPE OR PRINT) I. SEX Male I. BIRTHPLAC COUNTRY) New YO. II. CITY OR TO Andrew JSUAL RESID 13a. STATE Flori 14 FATHER'S I Timot 16a WAS DEC IVES NOOR YES II. ACC OR CON (IF EITH 21d IN) 170 Res OR 170 Ce Sow ON OR 170 PH' D 23a BURIAL ((SPECHY) BURIAL (SPECHY) BURIAL II. SEX III. ACC OR CON (IF EITH OR OR OR OR OR OR OR OR OR O	CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY	YEAR	2b. HOUR	
	<u></u>	TIMOTH		O'KEEFE		0 14	84	0840
			4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MON!	HOER I YEAR	HOURS 1
1		RTHPLACE (STATE OR FOREIGN	Caucasian Th. CITIZEN OF WHAT COUNTRY?	January 18, 1919	9 BALTIMORE CITY OF	YRS COUNTY OF	DEATH	
29		OUNTRY)		MARRIED KINEVER MARRIED	Prince Geo			
1	n.c	YORK	U.S.A. NAME OF HOSPITAL, NURSI	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	I NC	126 KIND C	OF BUSINES
8	An	drews Air Force	(IF NOT IN SUCH FACILITY, GIVE STREET Base Malcolm (Grow U.S.A.F. Hospi			Milit	
Id	130.	AL RESIDENCE (IF NURSING TO LESS TATE	DIHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS /		0	000
1	F	lorida V _{Bay}	Florida	R YES X NO [3111 Kings		99	990
00		FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE		LAS	ST
2		imothy F. O'Kee		Adele			Ferry	7
17	160 \		MED FORCES? 166 SOCIAL SEC		ADDRES			
2	Y	es WWII, Kor	ea, Viet Nam 1	33-07-5804 Eileen	P. O'Keefe ·	- Same	As #]	13 A-
								CMATE INTER
		PART I, DEATH WAS CAUSE	nly one cause per line for (a), (b), ai	cardiopulmonary			BETWEEN	ONSET AND
		IMMEDIA	TE CAUSE (a) CARDION	PULMONARY AR	REST			
			0.15 TO 00 15 1 CONSCOU	success and the state of				
				ENCE OF metastatic lu	ing cancer			
		Canditions, if any, which gave rise to immediate	(b) METASTA	ATIC LUNG CAN	icer			
		cause (o), stating the	DUE TO, OR AS A CONSEQU	ENCE OF				
		underlying cause last	(5)					
		BART 2 OTHER SIGNIE CANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INIAL DISEASE OF COND	NTION GIVEN	INI DADI 1/	In
	Z	TART 2. OTTER SIGNATERIAL	CONDITIONS CONTRIBUTIONS TO	DEATH OF THE TENT	m ne procede on corre			
1	1	190 DATE OF OPERATION	119h CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDI	NGS USER
A	8					IN CERTIFYIN	IG CAUSES	S OF DEAT
1	JĒ.				YES NO	YES [NO [
1	20	210. ACCIDENT WAS UNDERLYING		216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2}	
4	10.00	OR CONTRIBUTING CAUSE OF DE	AIR					
/	2	(IF EITHER NOTIFY MEDICAL EXAMINE		216 LOCATION				
	Ä	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOW	/N	COUNTY	5
	-	NOT WHILE AT WORK						
		Tal certify that (1) (this hash	ital) ottended the deceased from,	16 SEPT 19 84	10 14 OCT	19	84	that (1)
				84 and that in (aur) apinian		te and how an		
4	1		13 OCT 19		occorred un me uu			
		(22) SIGNATURE	2	DEGREE			MODATE	SIGNED
		1 2)/100.	M.D. ATTENDING PHYSICIAN [MEDICAL STAF	IAN DE	14	OCT
-	1	22 PHYSICIAN'S NAME (TYPE	OR PRINT)	122- ADDRESS	_ PINTELOK [] PHISICI	DIA E	1 / 7	001
1	1	- THE CHARLE STARTE STARTE	DENNIS T. A	LTER Malcolm Grow	ISAF MAA C	en And	rouge	AFR
1		Dennis 7	ALTER	Marcorn Grow	OSAF FIEU C	en, And	irews	ALD
1	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION			
		(SPECIEY)			1 Comotown	Arlina	YTANG	777
			deroper 17, 1984	4 Arlington Nationa	T Celletery,	ALTING	COII,	VA
3			neral Home, Inc.	250 DAT	E REC'D. BY REGISTRAR	DIE TENE	HOLS	Honde
663	13	Old Alexander F	erry Road, Clint	con, MD	T 15 1984	1		,
	_			00	1 0 00 1			



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IMPORTANT: If Item 21 is marked at

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept-of Health and Mental Hygiene prior to burial, cremotion, or removal.

OR ATTENDING PHYSICIAN. The low

TO HOSPITAL

FOR - STATE REGISTRAR

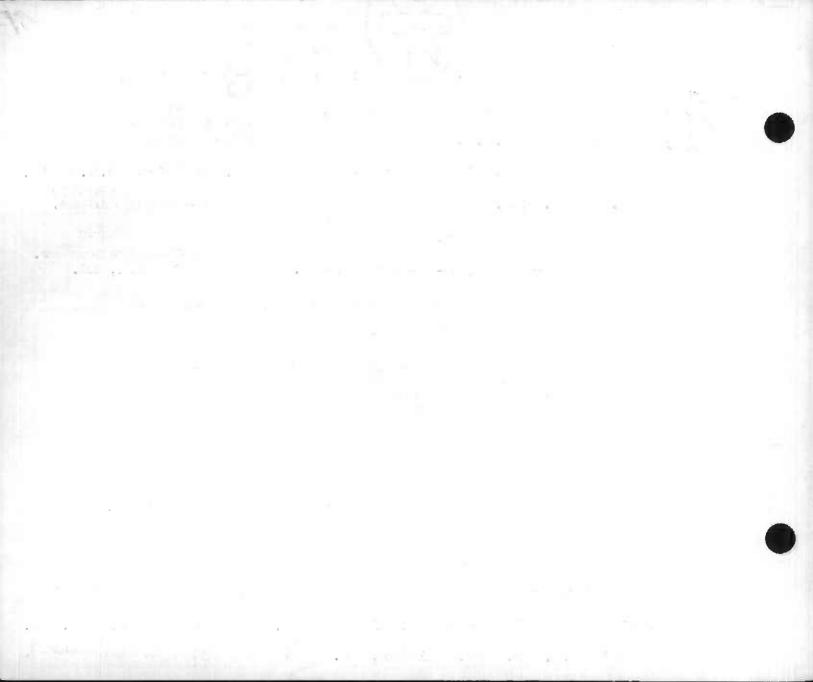
STATE OF MADVIAND

STATE OF MANIEA	
PARTMENT OF HEALTH AND M	IENTAL HYGIENE
CERTIFICATE OF D	EATH

DEPARTMEN	TOF	HEALTH	AMD	MENTAL	HYGIENE	
C	ERT	IFICATE	OF	DEATH		

- 1		REGISTRAR				CLKIII	ICAIL OF	DLAIN	REG. N	0.			
- 1		CEASED NAME	FIRST	-	MIODLE	ï	AST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HO	UR
1		OR PRINT)	Elme		Α.		01mste	ad	October				60Р м
- 1	3_SE>	X		4 RACE		5. DATE C		YE AR	6. AGE (IN YEARS LAST BE		ONTHS DAYS	HOURS	R 24 HRS
		Male		White		Mar	- 1	1903		1 YRS.		1.OURS	MIN.
M		RTHPLACE STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUN	TRY?	D NEVER	MARRIED -	9 BALTIMORE CITY	R COUNTY	OF DEATH		
1		Penna.		U.S.		WIDOWE	D X	NORCED	Prince Geo				MD.
4	0 CI	Laurel		(IE NOT IN SUC	H FACILITY, GIVE S	URSING HOME C STREET ADDRESS) L Beltsv			170 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Ret. Machi	OF WORKING LIFE	12b. KIND O INDUSTRY U.S.		
2	USUA 13a S	AL RESIDENCE (IF NURS	136 COUN		134 CITY OR Laur	TOWN	13d INSIDE YES 🕸	CITY LIMITS?	13 STREET ADDRESS	/ ZIP CODE Larch	(208 dale		
5	FA	ATHER'S NAME FIRST Frank		WIDDIE	Olmst			rs maiden na First a.e	WE		Carey	<u>ş</u> T	
		VAS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFORM	ANT	209	-McC	racke	n D	r.
	()	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	578-38-6691 John A. Olmstead D						Dunkirk, Md.		
		Conditions, if ony gove rise to imicouse (o), statistically underlying couse	/AS CAUSE IMMEDIAT , which mediate ing the	D BY: TE CAUSE (o) DUE TO, O	R AS A CONSI	EQUENCE OF		Strace	FAINEF	MI		MATE INTE	
		PART 2 OTHER SIGN	NIFIC ANT (CONDITIONS C		O NOTEST		D TO THE TERM	AINAL DISEASE OR COM	DITION GIVE	N IN PART 1	0	
2	NO O			ABETES		LITUS			THE DISEASE ON CO.				
2	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WI	HICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY? YES NO	IN CERTIFY	WERE FINDING CAUSES		TH?
1		210 ACCIDENT WAS UN	CAUSE OF DE	N1111	M. MONTH	DAY YEAR	21c. HOW	NJURY OCCUR	RED (ENTER NATURE OF INJ	IRY IN ITEM 18 PA	RT 1 OR PART ?}		
	MEDICAL	21d INJURY OCCUR	RED	21e PLACE	M. OF INJURY REET FACTORY OF		211 LOCAT		CITY OR TO	OWN	COUNTY		STATE
		22a I certify that (I) sow the deceas above, (I) (we) (ed olive on	10	. 17	02.1	O . II	19 84 () (our) opinion	death occurred on the o			that (I) causes st	
1		22b SIGNATURE	C	lehne			DEGREE		MEDICAL STA		10 . i	SIGNED 8.8	
		22d PHYSICIAN'S N	AME (TYPE O	Λ	ELIMA		142		NEEZ PE DE	LAJE	ez no	208	10
		BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	23b. DATE 10-20		23c NAME OF C			23d LOCATION CITY OF TOWN Brentwo	od P	r. Ge	0.	STATE Md.
	24 Ft	UNERAL DIRECTOR						25a. DA1	TE REC'D. BY REGISTRAF	256 REGISTR	RAR'S SIGNAT	TURE	
	Na	alley's	F.H. 3	inc. N	It. Ra	inier,	Md.	0C1	1 9 1984	س ماند	ridson-Ro	indall	6:

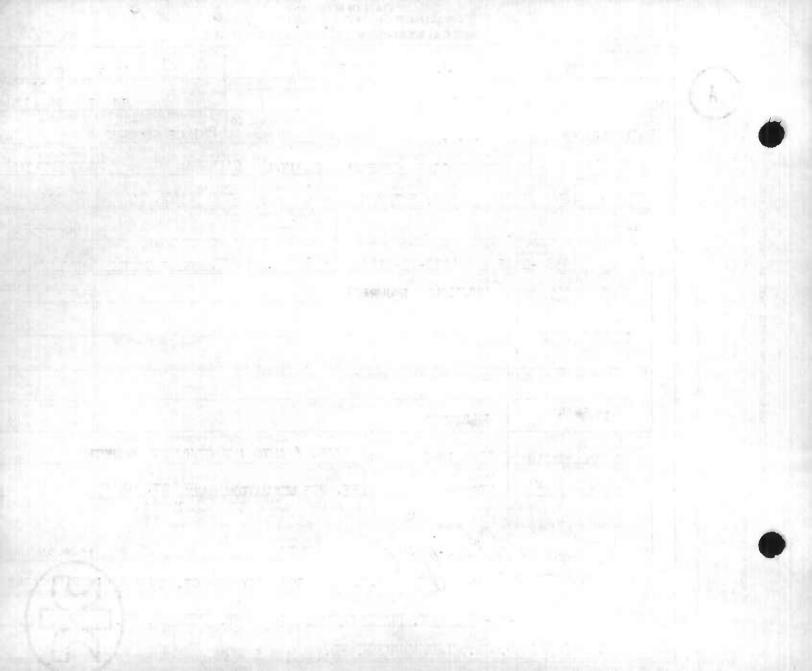
DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN XX MONTH LTYPE OR PRINTI ESTI-OF DEATH MATED Lisa Oriani 10 - 719 84 Dawn AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 4 RACE S. DATE OF BIRTH 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED :20 a. M 10 84 DEAD March 24 1963 2 White omalo BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Y FOREIGN COUNTRY WIDOWED Prince George's County, II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DIVORCED Washington D 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE! OR INDUSTRY Cheverly Prince George's General Hospital Stock Clork Giant Food 130 STATE 1136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 20705 Maryland Pr. Geo Beltsville 11339 Chonny Hill Road # 203 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Frank Oriani Schureman Janet 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO DIVISION PAGES TYES, NO. OR UNKNOWN 1 (# YES GIVE WAR OR DATES) 218-90-2740 Janet S. Oriani Mother No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES K NO [71a FXTERNAL CAUSE WAS 216 TIME OF INTURY 2 C. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM IN PART 1 OR PART 2) UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR 2.35xx 10-7pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.1 WHILE D NOT WHILE XX 34th blk. Powder Mill Rd., Beltsville, Prince road George's Co., Md. PACE 4 SHOULD BE FOR Autopsy XX 220 I certify that brook charge of the remains described above, held an Inspection Hamicide Suicide Undetermined manner ULD Assistant MEDICAL EXAMINER 10-8-84 EXAMINER'S NAME Dennis F. Smyth, W.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Oct. 12. 1984 George Washington Adelphi Pr. Geo. Maryland BP 24 FUNERAL DIRECTOR Francis J. Collins wie Davidson-Randell **DHMH - 17** 500 University Blvd. W. Silver Spring. Md. (VR A15 ME (5)) 20M 4/82

to Early to have the second of the second of

6		1 - STA	TE				PARTMENT		AND M			4 5	6			
1	D. COTT		SISTRAR SED NAME	FIRST			IDDIE	MINEK 3	TAST	ATEOF		REG	. NO.	DAN	YEAR	at troup
		(TYPE OR						0115	1.10			ATE KNOWN		DAY	TEAR	26 HOUR
	2295B	3. SEX		GARY 4 RACE	S. DATE OF E		J.	OWE		IE UNIDED O		ATH MATED	10-	7 DAY	1984	M
	"是"	J. JEA		1 KACE	MONTH	DAY	YEAR LAST E	RTHDAY) MONT		HOURS N	AIN. PRON	OUNCED	MONTH	DAT	D.	-
	8 0 0 0 0 J	MALE		WHITE		27, 1	963 20	YRS.				DEAD	10-		1984	12Pm
-	WASSER!	FOREIG	N COUNTRY)				COUNTRY?	8. MARR	IED NEV	ER MARRIED	X	LTIMORE CIT			DEATH	
	#552 L					J.S.A			VED 🗆	DIVORCED	O Pr	INCE G	EORGES		50.0	MD
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	HOURS AFTER DEATH. A 18. GIVE PAGES 1, 20. WITH FORM PM 3. WITH FORM PM 3. WITH PAGES 1. AND VE, DIVISION OF VITH	18	CAUSE OF	F DEATH (Enter o	ED BU			.)						A	PPROXIMATE	INTERVAL
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	NOR A STATE	- v	A ALIN IS DIC. I	ANTOTOT	/.		11			47.75				J. C. T.	PEROLUTION NO MATERIAL PROPERTY AND AUTOPSY? YES NO MODERN NO MOD	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. BREG 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARMAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	(TY	RTHPLACE (STATE OR REIGH COUNTRY) IEWFOUNDLAI ITY OR TOWN OF DE CHEVERLY AL RESIDENCE (IF IN N. TATE ARYLAND ATHER'S NAME FIRST JACK NAS DECEASED EVER ES, NO, OR UNKNOWN) YES IB CAUSE OF DEA PART I DEATH V GOVE rise to	II)	J Dy N	RODRI	WEZ,	M.D.	ADDRESS 51	009 RA	YBURN	CT. CA	MP SPR	INGS	5,MD2	0748
	DAY STAR	/ SPECII	EY1	ION, REMOVAL	236 DATE		23c. NAME O	CEMETERY	RCREMATO	RY	23d. LOCATION	NC	COU	INTY	STA	ATE.
	BP	BUI	RIAL		10-10-	84	ST. P	ETER CL		10 0		NIGOES	ST.	MARY	'S. N	
	DHMH - 17	NA	MF		A	ADDRESS				Sa. DATE REC	'D. BY REGI	STRAR 25b. R	EGISTRAR'S	SIGNAT	URE	1
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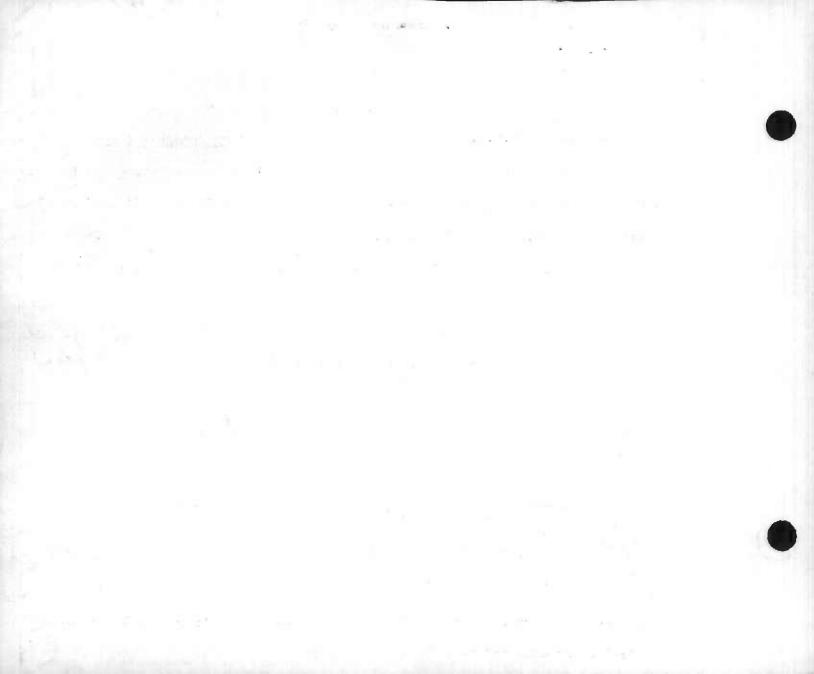


STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MERITAL HYGIENE



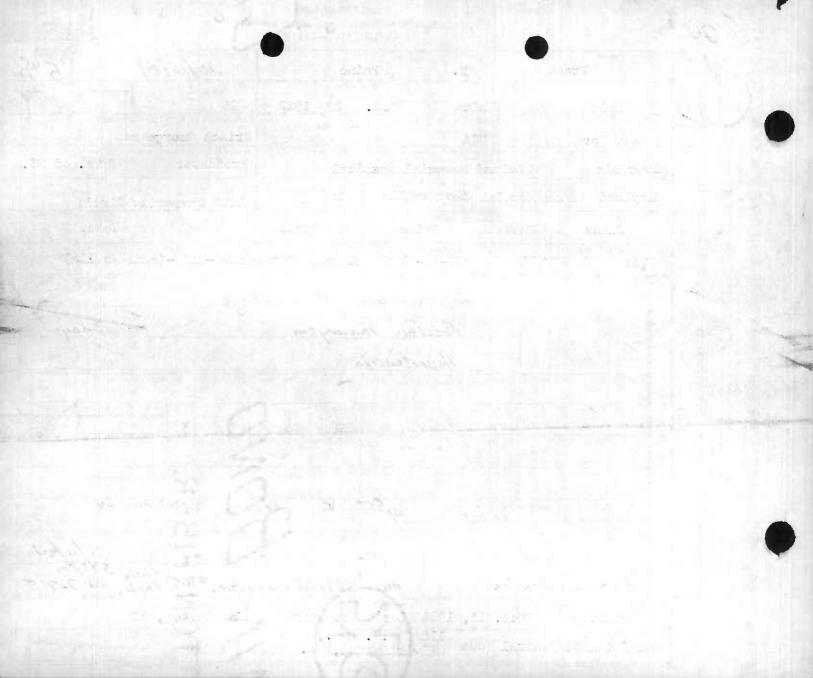
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	o .	1 (1 ()		
		ORPRINT) FIRST FRANK	MIDDLE T.	Pa	aine	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR	45
	3. SEX	Male	4 RACE White	S. DATE O		6 AGE (IN YEARS LAST BIR	MC	FUNDER I YEAR	IF UNDER 2.	MIN.
1		RTHPLACE ISTATE OR FOREIGN COUNTRY) New York	7b. CITIZEN OF WHAT COUNT	RY2 B	DE NEVER MARRIED	9 BALTIMORE CITY O	_	OF DEATH		MD.
9	Riv	verdale	11. NAME OF HOSPITAL, NUE (IF NOT IN SUCH FACILITY, GIVE ST Leland Memori	al Hosp		Professor	ON F WORKING (IFE)	UNIV.		
5	Ma		Arundel Crowns		134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 1022 Shore		Z Circle	103	32
1	4 FA	James I	Russell Pai		Grace	WIDDLE	301	Tobeys	ī	
7	16a W	Yes UNKNOWN	MED FORCES? 166 SOCIALS 090-20-		Maureen Fitze	gerald-wife		as 13e	e)	
		PART 1. DEATH WAS CAUSE IMMEDIA! Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	QUENCE OF GUENCE OF COUENCE OF			DITION CIVE	314		EATH
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH			200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDIN	IGS USED	
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# EITHER, NOTHEY MEDICAL EXAMINET 21d. INJURY OCCURRED	HOUR A.M. MONTH	19	216. HOW INJURY OCCURE 216 LOCATION STREET	RED (ENTER NATURE OF INJUI		COUNTY	STA	ATE
		22a i certify that (I) (this haspi saw the deceased alive on	10 OCT 11) view the body after death. OR PRINT)	Ba/	nd that in (my) (aur) opinion o	MEDICAL STAI			that (I) (without	
	(BURIAL, CREMATION, REMOVAL	oct. 11, 1984	Lee's	Crematory	Washingto	•	COUNTY	517	ATE
	24 FU H i r	uneral director nes†Rinaldi Fun		00 N.H. ver Spr	Ave., 250 DAT	REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	URE	

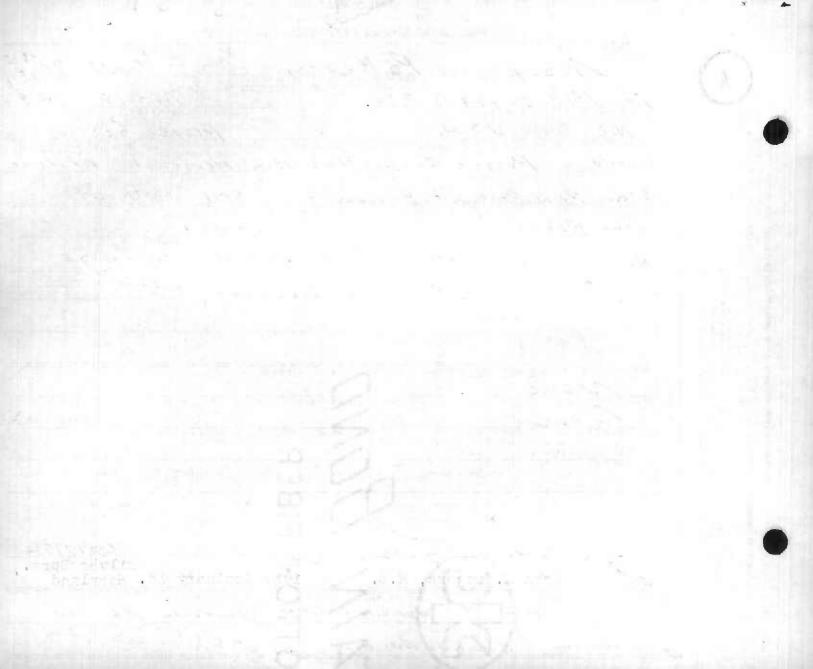
DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCE DEAD 70 BIRTHPLACE 9 BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED R DIVORCED 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES Y 15 MOTHER'S MAIDEN NAM MIDDLE Unknown 16b SOCIAL SECURITY NO ADDRESS DIVISION 240-12-0988 Juanita Wilson Samens 13 E None 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION USED A 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 8 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: IN EXECUTE THE CERTIFICATE.) PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 Inspection 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion Natural causes death resulted from: Homicide ___ Undetermined manner Suicide TITLE (SPECIFY) ACTUAL SIGNATURE John S. Rogers. M.D. Maryland Seminary THPE OR PRINT ADDRESS. 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Japminy Cometexy Lundowen BP. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH** - 17 Bunnevyto Ave N. E (VR A15 ME (5)) 20M 4/B2



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STATE OF MARYLAND

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	FOR - STATE REGISTRAR	DEPA		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	
	CEASED NAME PIRST	ARD HIDDE	P	ERKINS	20. DATE OF DEATH MONTH	1/84 1:149.
3. SE	x Male	4 RACE Caucasian	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY) 65 YRS.	IF UNDER LYEAR IF UNDER 24 HRS
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Wash. D.C.	76 CITIZEN OF WHAT COUNT	MARRIE	D NEVER MARRIED DIVORCED	PRINCE I	GEORBES,
C	LINTON	11. NAME OF HOSPITAL, NUI	N ADDRESS)	A HOSPITAL	17d USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING Carpenter - Re	et Construction
13u. 3	Maryland Princ	ROTHER INSTITUTION GIVE RESIDENCE BY THE PROPERTY OF THE CONTRACT OF THE CONTR	OWN	YES TO NO	13e STREET ADDRESS / ZIP COI 2523 Shadysid	e Avenue 20746
	ATHER'S NAME FIRST Francis	MIDDLE LAST Perkin	-	Georgiann	MIDDLE .	King
	WAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN] (IF YES, GI WWII	VE WAR OR DATES)		Frank Perkin	P.O. Box 15 Cal	lao, Virginia
CERTIFICATION		DUE TO, OR AS A CONSE (c) Acre CONDITIONS CONTRIBUTING Lectic acidos' 196. CONDITION FOR WH	te he TO DEATH BUT S, Acu	NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF Y	NEN IN PART 110 NONIC CHAND AS ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE LIE ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH	19	21c. HOW INJURY OCCURR 21i. LOCATION STREET	YES NO NO NOTE OF INJURY IN ITEM IL	YES NO SERVICE NO COUNTY STATE
		ital) ottended the deceased fro	01	10 10 19 84	to 10 11	, 19 84, that (II (we) la
	sow the deceased alive or above, (I) (we) (did) (did no The SEMATURE	ot) view the body after death		DEGREE	/	22c. DATE SIGNED
	saw the deceased alive or obove, (1) (www) (did) (did) (did to the signature) 774. PHYSICIAN'S NAME (1796) MAHE SH	ot) view the body atter death		M.D ATTENDING PHYSICIAN PARTIES	DIRECTOR PHYSICIAN D	10.12.84

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked at Hem 18 shows any injury, or other traumotic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Male Gaucasian Feb. 15 1919 65

Skh., I.C. W.S.A.

Cartenter - Ret. Construction

Burial 10/17/84 St.Barnabas Epis.Ch.Cem. Oxon Hill F.G. Maryland 6160 Oxon Hill Fd.
George F. Kalas Funeral Home Oxon Hill, Md.

SOS PRINTS WASHINGTON TO THE

FOR - STATE REGISTRAR

White

4. RACE

FIRST

PG COUNTY

ANNA

DECEASED NAME

7a BIRTHPLACE (STATE OR FOREIGN

Connecticut

10 CITY OR TOWN OF DEATH

(TYPE OR PRINT)

Female

Laurel

14. FATHER'S NAME

13a. STATE

Md

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2b HOUR OCTOBER 27, 1984 PERNA E. 11:50 IF UNDER I YEAR 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HE MONTH August 3.1903 **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PRINCE GEORGES COUNTY WIDOWED X DIVORCED 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY beautician beauty salon USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 8408 Snowden Loop Ct 20708 Laurel NO K 15 MOTHER'S MAIDEN NAME Begrowich Frances 17 INFORMANT

Obuchowski Stephen 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) 046 26 5296 Kenneth Catino same as above no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) OR AS A CONSEQUENCE OF CEREBRO WAS CULAR ACCIDENT Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

21f LOCATION

22e ADDRESS

DEGREE

23a BURIAL CREMATION, REMOVAL Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

00

the S

(VRA 15, 4)

Donaldson Funeral Home, Laurel, Maryland

23b. DATE

216 TIME OF INJURY

P.M

21e PLACE OF INJURY

Oct 31.1984

MONTH DAY

AT HOME STREET, FACTORY OFFICE, FARM ETC |

19

HOUR A.M.

23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery

ATTENDING

9811 MALLARD

Springdale, Connecticut

NOX

CITY OF TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

COUNTY

NO [

STATE

21a ACCIDENT WAS UNDERLYING

714 INJURY OCCURRED

22h SIGNAT

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

saw, the deceased alive on

22a 1 certify that (1) (this hospital) attended the deceased from



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DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG	REG. NO.	
		CEASED NAME FIRST	MIDD	NE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
9	TIANE	OR PRINT]	D		PILKERTON	10	24 84 1 2: 46PM
	3. SEX		4 RACE	5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
9	F	Female	Caucasia	n Augus	it 23 1907	77 YR	
L		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	
4	Ma	aryland	U.S.A.	WIDOW		PRINCE GEORGES	S COUNTY MD.
6		LINTON MD		SPITAL, NURSING HOME OF THE WARYLAND F		17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Housewife	12% KIND OF BUSINESS OR INDUSTRY
6	13a. S	AL RESIDENCE (IF NURSING HOME OF ATTE 136 COU	NTY 130	e residence before admission) i. CITY OR TOWN Ft. Washingto	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 7600 Allentow	DDE Rd. 20744
26	14 FA	THER'S NAME FIRST	MIDDLE J.	Stone	15. MOTHER'S MAIDEN NA	MIDDLE	Marr
1		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN] JIF YES, GE		SOCIAL SECURITY NO. 14-48-7590	Mary Esther	Walter Rte.l, H	Box 336
	TION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT	DUE TO, OR A (b) DUE TO, OR A (c) CONDITIONS CON			MINAL DISEASE OR CONDITION	
1	CERTIFICATION	19a. DATE OF OPERATION		ON FOR WHICH OPERATION	ON WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
9		21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	AIH	NJURY MONTH DAY YEAR 19		RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2}
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FARM, ETC 1	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		sow the deceased alme or above (1) well did fid no	/ : 10	A / V V V	nd that in (my) (aur) opinian	deoth occurred on the date and	hour and from the couses stated
1		226 PHYSICIANS NAME (TYPE	MAR	Noth	DEGREE ATTENDING HYSICIAN I	MEDICAL STAFF PHYSICIAN	220 DATE SIGNED
		10	50107 K	2010	MACK	son toll	(010)
	23a B	Burial, CREMATION, REMOVA	10/27/84	Washing	cemetery or crematory	23d LOCATION CITY OF TOWN Suitland	P.G. Maryland
	24 FL	UNERAL DIRECTOR		6160 0xc	n Hill Rd 250 DAI	TE REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE
	(George P. Kalas	Funeral	Home Oxon H	Hill, Md. AC	1 2 6 1084 P.S.	Nichtan Mondage.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	NACE PHYSICIAN. The fow requires that the deoth certificate be executed within 24 hours after death. Page 4. In attending physician.	After the end taste has been signed by the ottending physicion and completely illed in by the tasted director as the band-term permit. Then please remove corbon popers. Pages 2, and 2 sectod be liked with 72 boars after
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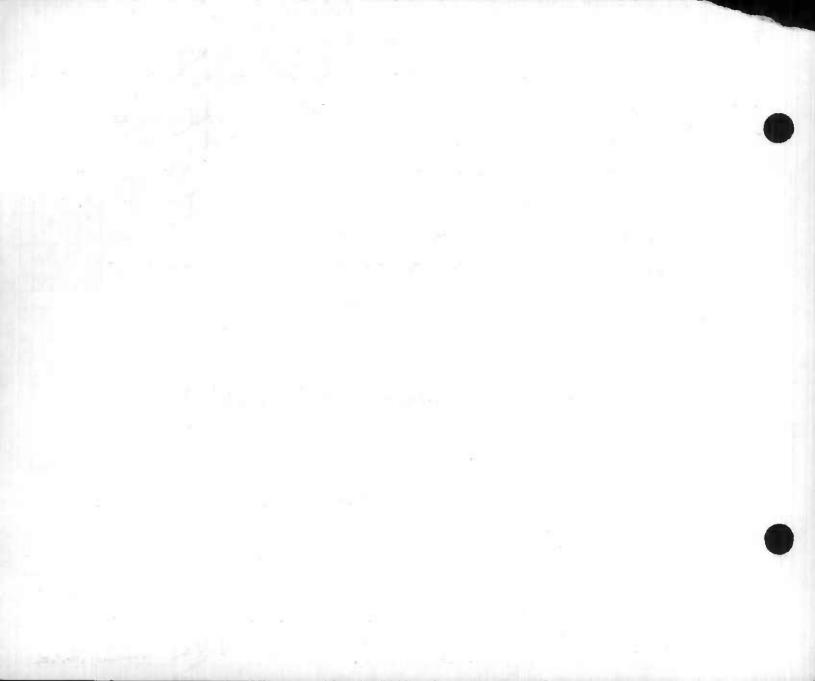
FOR - STATE

STATE OF MAKILAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAK				4511111			REG. N	Э.		
	CEASED NAME	FIRST	٨	AIDDLE	l	AST		26 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
TITE	OR PRINT)	Vincen		J,	Pokorn	ey		October 20			9:50A M
3. SE	х	4. R/	ACE		5. DATE C		YEAR	6. AGE INYEARS LAST BIR	THDAY}	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	Male	C	aucas	sian	Apri			85	YRS.		
	RTHPLACE (STATE OR	FOREIGN 76 C	ITIZEN OF	WHAT COUNTR	RY? 8	NEVER MA	RRIED 🗆	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
	aryland		U.S.	Α.	WIDOWE		RCED	Prince Geo	rges	County	MD
19 C	ITY OR TOWN OF DE			HOSPITAL, NUR		R OTHER INSTIT	UTION	12s. USUAL OCCUPAT			OF BUSINESS OR
	aurel	/ G	reate	r Laure	1 Belts	ville Ho	spita	~ .			-
1.5U.	AL RESIDENCE (# NUR	ING HOME OR OTHE	R INSTITUTION,	13c CITY OR TO	OWN	13d. INSIDE CITY	LIMITS?	13e.STREET ADDRESS	ZIP COD	8398	
Ma	ryland	Howar	d	Savag	е	YES N		13e.STREET ADDRESS . Savage Gu	ilfc	rdrad	20863
14. FA	ATHER'S NAME	MIDDI	E	LAST		15. MOTHER'S A		WIDDLE		1.6	ST
	Jacob			okorne	У	Anna	31			Hrach	
	VAS DECEASED EVER	IN U.S. ARMED		166 SOCIAL SE	ECURITY NO.	17 INFORMANT		ADDR	SS		
	0	N/A		578-0	3-9815	Marie	Poko	rney Sar	ne as	#13e	
	18 CAUSE OF DEAT	H (Enter only ar	ne cause per	line for (b),	ond ici.	1		1 +		APPROX BETWEEN	ONSET AND DEATH
	PART I. DE ATH W	IMMEDIATE CA		Car	10 Pu	lmonar	1 1	tress			
			DUE TO, OF	R AS A CONS	QUENCE OF	00	,	2			
	Conditions, if any		(b)	1	lat (ell	carr	anoma			
	gove rise to im- cause (0), statu		DUE TO, OF	R AS A CONSE	OUENCE OF						
	underlying cause	last	(c)								
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CERTIFICATION	196 DATE OF OPERA	TION	196 CONDI	TION FOR WHI	ICH OPERATIO	N WAS PERFORA	AED	20a AUTOPSY?		S, WERE FINDI FYING CAUSES	
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	200	Com	1/10	11)		PH	YSICIAN D	DIRECTOR PHYSIC		10/	20/84
	224 PHYSICIAN'S N	AME ITYPE OR PRIN	De no	mm N	MIN	1/2 ADDRESS	AME	PARKD	0 42-	LAU	REZ, MI
	1 GILLIAG	TLY H	COM	PIUN	1110	1424 6	777194		CALL	L'	20707
	BURIAL, CREMATION, (SPECIFY) Buria	1 1	0/23,	/84 M	eadowr	emetery or cri	em.Pk	Balltime	ore,	Mary1	and STATE
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DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE YEAR 26 HOUR KNOWN X (TYPE OR PRINT) ESTI-84 TREVIN POLLARD DEATH MATED 10 6 19 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 12:0: 19 84 JUNE 21 1967 DEAD 10 MALE BLACK 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF MARRIED NEVER MARRIED X FOREIGN COUNTRY U.S.A. Prince George's County WASHUNGTON D.C. WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Prince George's Gen. Hosp. NONE Cheverly STUDENT USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND PRINCE GEORGES CAPITOL HGTS 1423 ELKWOOD LANE YESX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE REYNOLDS CLARENCE BARBARA POLLARD 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1423 ELKWOOD LANE UNK CLARENCE POLLARD APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Gunshot wound to chest (handgun) ED AS A BURIAL - TRANSIT PER HEALTH AND MENTAL HYGIEN AL CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION DED TO INC.
E 3 SHOULD BE USED A
E DEPARTMENT OF HEA
THE OF THE O 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO . 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING A OR 11:20xx 10-5- 1984 CONTRIBUTING CAUSE OF DEATH Subject was shot. 21d INJURY OCCURRED 21e PLACE OF INJURY If LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN 1423 Elkwood Lane, Fairmont Heights, Prince street ond in my opinion George's, Md EXECUTE THE CERTIFICATE. NAME OF A SHOULD BE FORW.
TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STA 220 I certify that I took charge of the remains described above, held on Homicide X Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 10-6-84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Ann M. Dixon, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 231 NAME OF CEMETERY OR CREMATORY 10/12/84 BURIAL HARMONY MEMORIAL PARK LANDOVER MARYLAND BP 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **DHMH** - 17 ADDRESS (VR A15 ME (5)) .B. JENKINS FUNERAL HOME 7474 LANDOVER RD 20M 4/82

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FOR - STATE

STATE OF MARYLAND

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REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	5 .		
1. DECEASED NAME	FIRST	A	AIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR
(TYPE OR PRINT)	HAZEL		0.	PO	TTER		10-07-	-84	8 50A M
3. SEX	4	RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS
Female		Ne	gro	Dece	ember 26. 1912	71	YRS	Nens DATS	HOURS MIN.
BIRTHPLACE (STATE COUNTRY) Hurlock,		CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O		
10. CITY OR TOWN OF			-	WIDOWE	DR OTHER INSTITUTION	PRINCE			MD. OF BUSINESS OR
CHEVER	/	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS	IFRAL HOSPITAL	Acme Mark	F WORKING LIFE)	HOOD HOOD	
SUAL RESIDENCE (# 130 STATE Maryland	13b COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Hurlock	N	134 INSIDE CITY LIMITS? YES NO K	Rt. 2, Bo		1 4	4645
FATHER'S NAME	B. Spry	DDIE	LAST		15 MOTHER'S MAIDEN NA/ Ollie Ceph	ME		EAS	šī
160 WAS DECEASED E	VER IN U.S. ARM	D FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	2	21643
(YES, NO OR UNKNOW!	(IF YES, GIVE V	VAR OR GATES)	165-12-1	211	Lena M. Houn	g. P.O. Box	51. H	urlock	. Md.
PART 2 OTHER	immediate tating the ause last.	(b) DUE TO, OF	A STATE OF THE PARTY OF THE PAR	NCE OF	V NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	0
19a DATE OF OR		-	A	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFY IN	NG CAUSES	NGS USED OF DEATH?
OR CONTRIBUTION	CAUSE OF DEATH	21b. TIME O HOUR A.I	M. MONTH DA	AY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	TY IN ITEM 18 PART	I OR PART 2)	
UF EITHER, NOTIFY 21d. INJURY OC WHILE AT WORK	OT WHILE I	21e. PLACE ((AT HOME, STR	OF INJURY FEET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
saw the de	et (I) (this haspita ceased alive an ve) (did) (did nat)	10/7/8	e deceased from		nd that in (my) (our) apinion (death occurred on the de	, 19 ate and haur a		that (1) (we) last causes stated
Miles	e				DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		10 /5	SIGNED
224 PASICIAN	S NAME (TYPE OR	RINT)			27e. ADDRESS		-	/	

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retained by the haspital or attending physician

DHMH - 16 50M 4/83

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon payment the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remove.

injury, or other troumatic event,

MPORTANT: If them 21 is marked or them 18 shows

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial

24 FUNERAL DIRECTOR

G-140518

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

STATE

Hurlock

Printed L. S. A.S. J. J. J. McGray

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(VRA 15, 4)

STATE OF MARYLAND

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should be detached for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior ta burial, cremation. TO FUNERAL DIRECTOR: After this certificate has been signed by the

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(SPECIFY)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10.		
	CEASED NAME	FIRST		MIDDLE	I	AST	20 DATE O	FDEATH	HIMOM	DAY YEAR	26 HOUR
		CLAREN	NCE	Α.	PROCT	OR			10-0	6-84	11:10PM
3 SE	(4	. RACE	A STREET	S. DATE C		6. AGE (IN)	YEARS LAST BE		MONTHS DAYS	IF UNDER 24 HRS
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7a. BI	RTHPLACE (STATE C	OR FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMO	ORE CITY C	OR COUNTY	OF DEATH	
0.0	aryland		U.S.A	•	WIDOWE	-	PRINC	E GEC	RGE'S	COUNTY	/ MD
10 CI	TY OR TOWN OF D	EATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL		ION OF WORKING LI		OF BUSINESS OR
Cl	HEVERLY		PRINCE	GEORGE'S	GENER	AL HOSPITAL	Farme				Employed
13a. S	AL RESIDENCE (# ML TATE MD	136 COUNT		GNE RESIDENCE BEFORE	N	134. INSIDE CITY LIMITS?			/ ZIP COD		20743
14. FA	THER'S NAME ERST Benny	-	HDDLE	Proctor		IS. MOTHER'S MAIDEN NAME FIRST Sara		MIDDLE		LA	sı nown)
	VAS DECEASED EVE			166. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDR			
	ves, no or unknown) No	(IF YES, GIVE	WAR OR DATES)	579-14-8	643	Dorothy Pink	ney	7030 Seat		n Drive	20743
z	Conditions, if or gove rise to it couse (o), sto underlying cou	mmediate ting the ise last.	(b)	r as a conseoue	NCE OF	NOT RELATED TO THE TERM			NDITION GR	VEN IN PART 1	101
CERTIFICATION	19a DATE OF OPER	ATION	1%. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	ÓPSY?		S, WERE FINDI	
TE				- C 12 4 11 10 14		Tar mover harmon occurs	YES [ио[]		ES 🗌	NO [
	OR CONTRIBUTING	CAUSE OF DEAT			AY YEAR	21c HOW INJURY OCCUR	RED (ENTER N.	ATURE OF INJU	URY IN ITEM 18	PART I OR PART 2)	
MEDICAL		WHILE VORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC.)	SIREET		CITY OR TO	OWN	COUNTY	STATE
	22a.1 certify that saw the dece- above, (1) (we	osed plive on_	10-06 view the body	19_0	84.0	nd that in (my) (our) opinion	death occurre	0 - 0 C	late and hou		that (1) (we) lost couses stated
	22h. SIGNATURE	bles	6		1	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	PHYSH	CIAN X	10.	9.84
	224 PHYSICIAN'S	ladi	PRINT) (V	ELLAN		PRINCE GEOR			OHE CHE	very	,
	HIDIAL CDEALATION					EMETERY OR CREMATORY	234 100				

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HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

10/11/84 Shiloh Church
Parial 10/11/84 Shiloh Church
Parial FUNERAL HOME, INC.

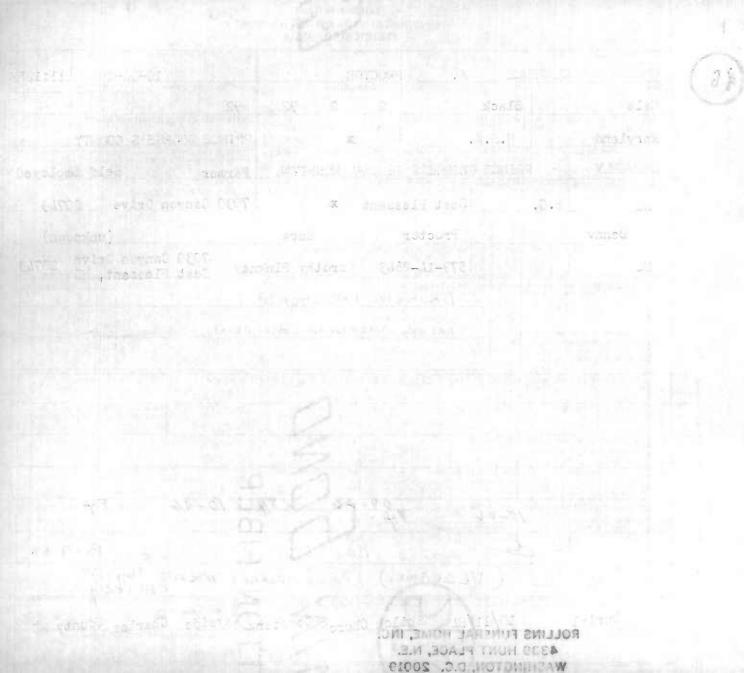
4339 HUNT PLACE, N.E.

STATE

Cemetery Wayside Charles County

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

WASHINGTON, D.C. 20019



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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STATE

DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE-CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 2b. HOUR September 20. 1984 9:30 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 1914 69 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince Georges County DIVORCED | 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Teller Bank 20785 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 2600 Pinebrooke Avenue 15. MOTHER'S MAIDEN NAME MIDDLE Shepard M. ADDRES97612 Kidmore Lane Norris M. Rensom, Son Lanham, Maryland PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) CITY OR TOWN COUNTY Sent _19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNE ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN 5901 Medical Terrace, Cheverly, Maryland

Cedar Hill Cemetery Burial 9-24-1984 Suitland 24 FUNERAL DIRECTOR Francis Gaschs Sons, P.A. Hyattsville, Md.

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S, SIGNATURE

23d LOCATION

Filia Day door

Pr. Geo.

STATE

Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR October 3 Alice Naomi RICHARDS 3,1984 4:09 AM 5. DATE OF BIRTH 4. RACE IF UNDER 1 YEAR 3. SEX

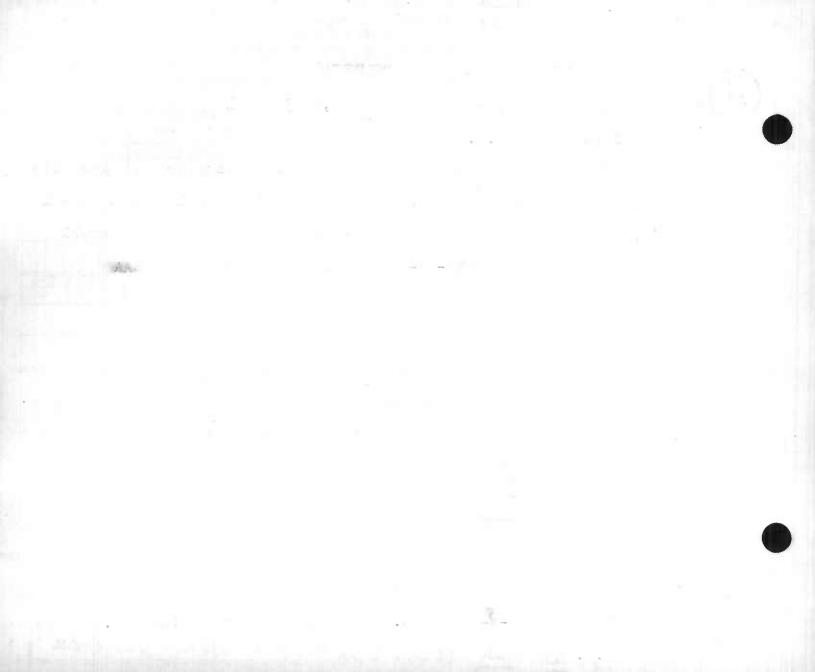
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50%		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
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De litted		ITY OR TOWN OF DEATH Lanham	Doctors Hospit	G HOME OR OTHER INSTITUTION ADDRESSI al of Pr. Geo. Co	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOusewife Own Home
and set by	13a S	AL RESIDENCE IN NURSING HOME OR TATE 136 COUN P.G.		vine 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 15103 Croom Road, 20613
10		rcy Alle		Dorothy	Amnette Boswell
medicol		YES NO OR LINKNOWN) I HE YES GIVE	wed forces? 166. SOCIAL SECU E WAR OR DATES! 218-24-		Richards, Sr. Same as #1
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cremotion, or re ther troumotic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF HEART F	FAILURE.
, or o'			(6)		VINAL DISEASE OR CONDITION GIVEN IN PART 110
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ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO NO
em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?)
h ond Me rked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TOWN COUNTY STA
of Heolt		220 certify that (1) (this hospit sow the deceased glive on above, (1) [we) (did no	10-2- 19	4-50-, 1984 , and that in (my) (our) opinion	death occurred on the date and hour and from the causes state
ote Dept		"Lift	Chandles		MEDICAL STAFF Director Physician (Lo - 3 - 82)
with the Stat		M. H. CHACE	DHRY in	22: ADDRESS Jac	val pul soro ?
3 <	_ (BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OF CREMATORY	23d. LOCATION CITY OR TOWN COUNTY STAT
	Bu	rial	10-5-84 St	. Peter's Churc	ch Waldorf, Charles, Md.
M 4/83		UNERAL DIRECTOR	Home, Waldorf,		E RECHO. BY REGISTRAR 25% REGISTRAR'S SIGNATURE
4)	nu	ner runerar i	TOME, WALGOLL	11/10	JULIURIANA DA PAR

DHMH - 16 5

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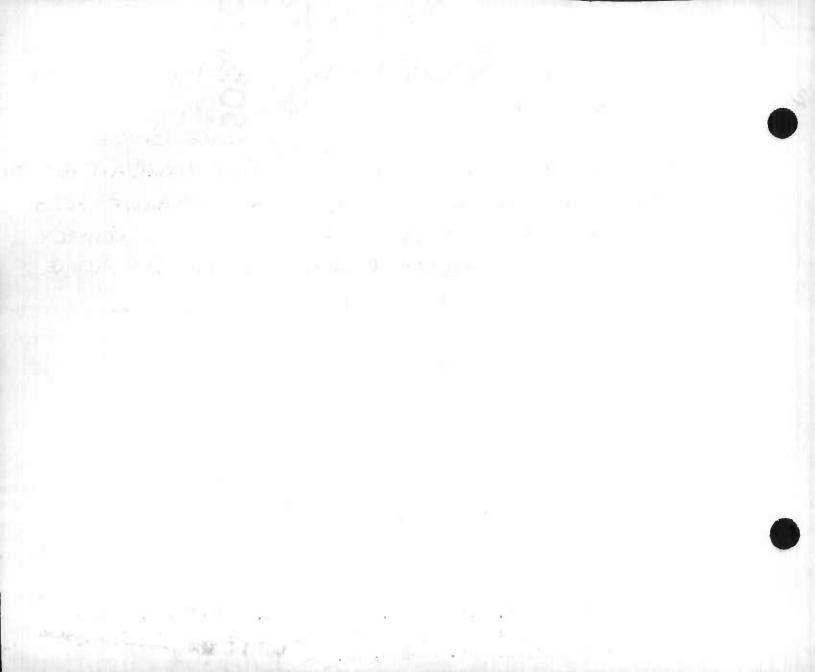
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Female Te BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland Je CITY OR TOWN OF DEATH	Black 76 CITIZEN OF WHAT COUNTRY	5. DATE OF BIRTH MONTH DAY June 11, 1923	6. AGE (IN YEARS LAST BIRTHE		10:50A)
Female 7. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland 16 CITY OR TOWN OF DEATH	Black 76 CITIZEN OF WHAT COUNTRY	June 11,1923	4-	DAY) IF UNDER I Y	
76 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland 16 CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY	June 11,1923	61		
76 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland 16 CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY	2 1		MONTHS D	AYS HOURS MIN
Mary land Je City or TOWN OF DEATH	U.S.A		9 BALTIMORE CITY OR		1
JO CITY OR TOWN OF DEATH	UADAR	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GE	ORGE'S	MC
7 / CHEVEDIA		ING HOME OR OTHER INSTITUTION	12e USUAL OCCUPATIO	WORKING LIFE) INDUST	ID OF BUSINESS OR
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USUAL RESIDENCE (IF NURSING HOME 130 STATE 130 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO JNTY 130. CITY OR TO		13. STREET ADDRESS		
Maryland Ch	narles Waldor	YES DK NO [1123 Haml:	in Road	20601
19 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME		LAST
William	Dotsor		MIOULE	Ser	well
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	DUE TO, OR AS ACONSEQ	SENCE OF	Ac 1		
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couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF			
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obove, (I) (we) (did) (did)	not) view the body after death."		death occurred on the dar		
226. SIGNATURE	08.1	DEGREE	AAEDICAL STACE		ATE SIGNED
1 to	rs for	PHYSICIAN	MEDICAL STAFF	AN	
JASWINDE	R SIDHU, M.D.	4700 AUTH 1	RD. CAMP SPRI	NGS, MD.	
23a BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
Burial	10-6-84	St. Thomas Ch	Brandywi		
24 FUNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR 2		



Prior somers their District Orocety FIVES . HE MATER SE. IN TOP 0.000000 101.11d lmer c. Monter Core Cloquer 219-05-1719 dimer . Ceret. Seltsville, 10. 20705 Burlal 10-15-dh -Robiersville Cometery .corersville, Loss. Lo., Mi. John H. Bast, Jr. Doomsborro. Mi. 21713

2	1.	FOR STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND HEALTH AND MENTAL HYC IFICATE OF DEATH	GIENE REG. NO.	5
1 24	(TYP)	CEASED NAME FIRST CHARLES	RANDOLPH S	RUDD	10/10/84	DAY YEAR 26 HOUR
to (the A)	3. SE	MALE !	WHITE "	E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) VRS.	# UNDER ! YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN.
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this 24 h	L	ATHER'S NAME	GEOGES W. LANHAM HIL	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA		NUE 20784
Tool order		CHARLES WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURITY NO	HALLIE 17 INFORMANT	ADDRESS	JOHNSON
he med		YES, NO OR UNKNOWN) (IF YES, GIVE W) 18. CAUSE OF DEATH (Enter only o	and cause per line for (q.), (b.), and (c.).	SADIE RI	JOD 4911 789	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death certification is a secondary of the please remove corbins to burial, crembillian, or semilipary, or other troumatic eventuals.	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH B	heart	di Man. MINAL DISEASE OR CONDITION GI	VEN IN PART 110
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PITAL OF by the b by the b by the b by the b castoche ca castoche castoche castoche castoche castoche castoche castoche		224. PHYSICIAN'S MAME TTYPE OR PR	Sign	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	10/11/8L
TO HOSPITA TO FUNERA TO FU	22:	S-PUN3	QIY A.	PRINGE G	FORGES CENTER	781920H. 4
BP	L			CEMETERY OR CREMATORY Lincoln Cet	· ·	Maryland
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 F	UNERAL DIREMOWARD Ha	ale's Lanham Fur polis Rd. Lanham	neral Home O	TE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE CANAL



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2g DATE KNOWN MONTH (TYPE OR PRINT) DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DATE White -omele March 26,1916 68 Th CITIZEN OF WHAT COUNTRYS TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) California WIDOWED XX DIVORCED CITY OR TOWN OF DEATH LINAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Housewife None JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIA 13h COUNTY 13d INSIDE CITY HMITS? 130. STREET ADDRESS Georges Spring Hill NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Sohei Yoshihashi 6918 Woodstream Tr Lannam, Md. 166. SOCIAL SECURITY NO. 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 569-14-9821 David Sakai CAUSE OF DEATH (Enter only one cause per line lar (a) db), and (c) AS CAUSED BY: Heaketic artino policiotic Cardio sepolalo de servenonser PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE O Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. USED AS A BUI OF HEALTH AN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? FING THE WORD "P ED TO THE CHIEF 3 SHOULD BE USED 20 AUTOPSY? E 3 SHOULD OF DEPARTMENT OF YES NO F 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED TIE PLACE OF INJURY (AT HOME, 211. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNKRAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALLLINGRE, MARYLAND, 21201 P STREET, EACTORY, EARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220 I certily that I taak charge of the remains described above, held on Autopsy Inspection and in my apinian Undetermined manner Natural causes Hamicide TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAM Augusto P. Rodriguez, M.D. 5009 Rayburn Ct., Temple Hills, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Lee's Crematory Washington, D.C. Crem. BP TT 250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE Hale's Howard Lanham **DHMH - 17** (VR A15 ME (5)) Annapolis Rd. Lanham. 20M 4/B2

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	IEÑE REG. NO.	
	CEASED NAME FIRST	ary R		Kraida		ONTH DAY YEAR 26 HOUR 5 PM
3. SE	male	Why Cas	Sion S. Date of	DF BIRTH	6. AGE (IN YEARS LAST BIRTHO	MONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHA	T COUNTRY? 8. MARRIE WIDOWI	DIVORCED	9. BALTIMORE CITY OR PCINC	COUNTY OF DEATH R GROUPS CO . MD.
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130 S Ma		UNTY 13c	residence before admission) CITY OR TOWN Bowie	134. INSIDE CITY LIMITS? YES NO 🗍	13e STREET ADDRESS / 2 12618 Beech	ofern Lane 20715
	ATHER'S NAME FIRST John		raida	15 MOTHER'S MAIDEN NAME FIRST	MIDDLE	- Wertz
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	08-104504	Lucille D. S	akraida Bow	18 Beechfern Lane
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE IMMEDI	only one cause per line t SED BY ATE CAUSE (a)	Corporato	ny arres	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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MEC	WHILE AT WORK		ACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	N COUNTY STATE
	22a. I certify that (I) (this had sow the deceased alive on have (I) be I did I did	on 10/22	19 84 .0	nd that in (my) (our) opinion	deoth occurred on the dote	19, that (i) (we) last e and hour and from the causes stated
	Darry	Loub	my m		MEDICAL STAFF DIRECTOR PHYSICIA	221 DATE SIGNED 10/53/FY
	Dr. Barry Ro		.D.	9811 Mallard	Drive, Laur	el, Maryland
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	October 1	26.			r.George's, Marylar
	uneral director Kenth	h(h(aute)	16000 Annaj Bowie, Mary	polis Road	5 5 1084	h REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/B3 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH 2b. HOUR OF ESTIim borl L DIRECTOR.
YOUR FILES.
N 72 HOURS QUELET HOUR (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 2-3-1967 DEAD 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Washington, USA WIDOWED DIVORCED 2 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Restaurant Cheverly 134 INSIDE CITY LIMITS ... Maryland Charles Waldorf 131502 Sherman Court, 20601 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Carolyn Richard Davison Saucier Daniel Ann 17 INFORMANT (Mother) 16b. SOCIAL SECURITY NO **ADDRESS** 219-96-7951 Carolyn D. Saucier, Same as linel3 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MENTAL HYGIENE, N, OR REMOVAL. IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE C Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A B CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 411185 YES [] HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH 211. LOCATION (AT HOME. STREET, FACTORY, FARM WHILE NOT WHILE TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BACTIMORE, MARYLAND, 2120 220 I certify that I took charge of the remains described above, held an Inspection Accident death resulted from: Notural couses Homicide L Undetermined monner TITLE (SPECIFY) M.D. Deputy (Augusto P. Rodri 5009 Rayburn Ct., Temple Hills, Md 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION Suitland, P.G., Maryland 0 - 24 - 84Washington National Burial BP. 24 FUNERAL DIRECTOR 1984 Julie Davidson Pontice **DHMH** - 17 (VR A15 ME (5)) Huntt Funeral Home, Waldorf 20M 4/82

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remaye carbonpapers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR - STATE		D	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE	ô	44	9
REGISTRAR			CERTIFICATE OF DEATH			REG. N	Ю.
CEASED NAME	FIRST	MIDDLE	LAST	2a. DAT	EOFD	EATH	HINOM

		MIDDLE	1/	AST				DAY YE		01 110110
	CEASED NAME FIRST	MIDDLE				20. DATE OF DEATH	HINOM	UAT TE	EAR	26 HOUR
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3. SE	X	4. RACE	5. DATE O			AGE (IN YEARS LAST BIR	HDAY}	MONTHS		IF UNDER 24 HR
	FEMALE	White	MONTH	6	YEAR	74	YRS.	MONTHS	DATS	HOURS
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	VTRY? 8	NEVER MAR	DIED [BALTIMORE CITY O	R COUNT	Y OF DEA	TH	
	OLORADO	Amehican				Prince	Ge	049	es	٨
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		R OTHER INSTITU		120 USUAL OCCUPATE				BUSINESS O
(CLINTON		any land	Med. Ce	nten	Housewis	le			Home
USU/ 13a S	AL RESIDENCE (IF NURSING HOME OR STATE M.D. 13b COUN	ITY 13c. CITY OF		134. INSIDE CITY YES NO	LIMITS?	3. STREET ADDRESS	ZIP COD			2074
14. FA	ATHER'S NAME FIRST CHRISTIAN	MIDDLE LAS	NSEN	15 MOTHER'S MA		WIDDLE			BRI	NKER
	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV	E MAR OR DATES	L SECURITY NO	17 INFORMANT		ADDRE	SS		,	
	No	577	92/926	Husba	na	Same	as	a. 6	OVR	
	18 CAUSE OF DEATH (Enter on	y one cause per line for (a), ((b), and (c)	0 .				BET	PPROXIM WEEN O	ATE INTERVAL
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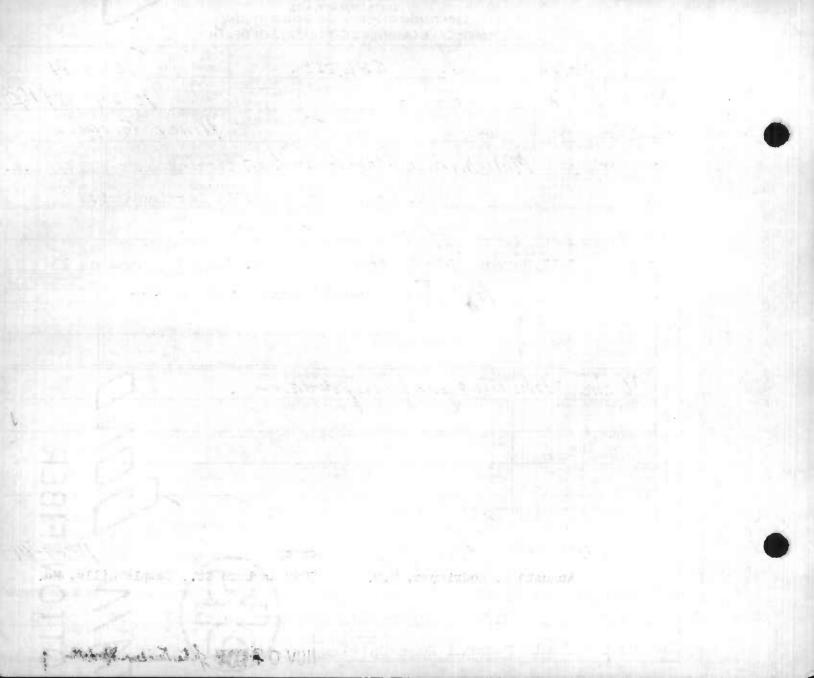
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STATE OF MARYLAND

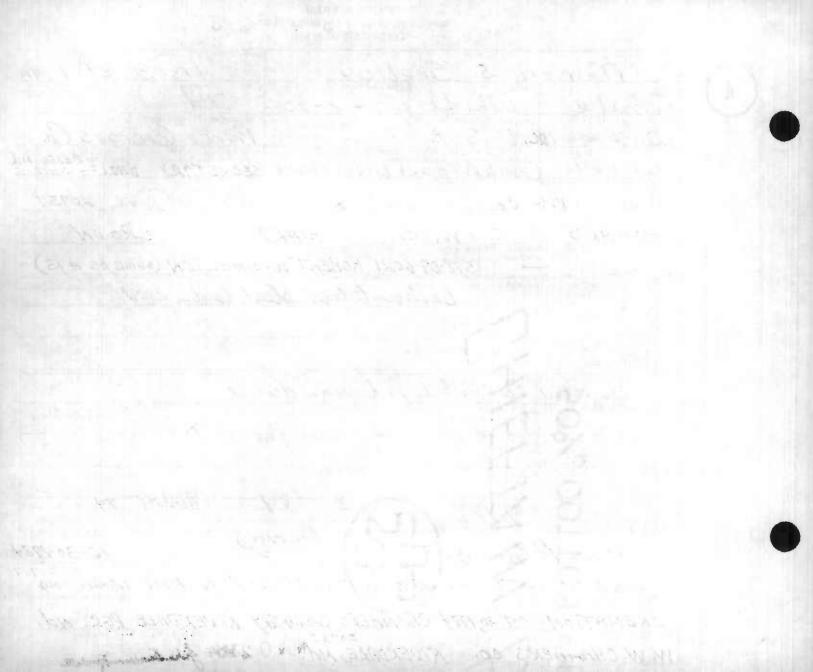
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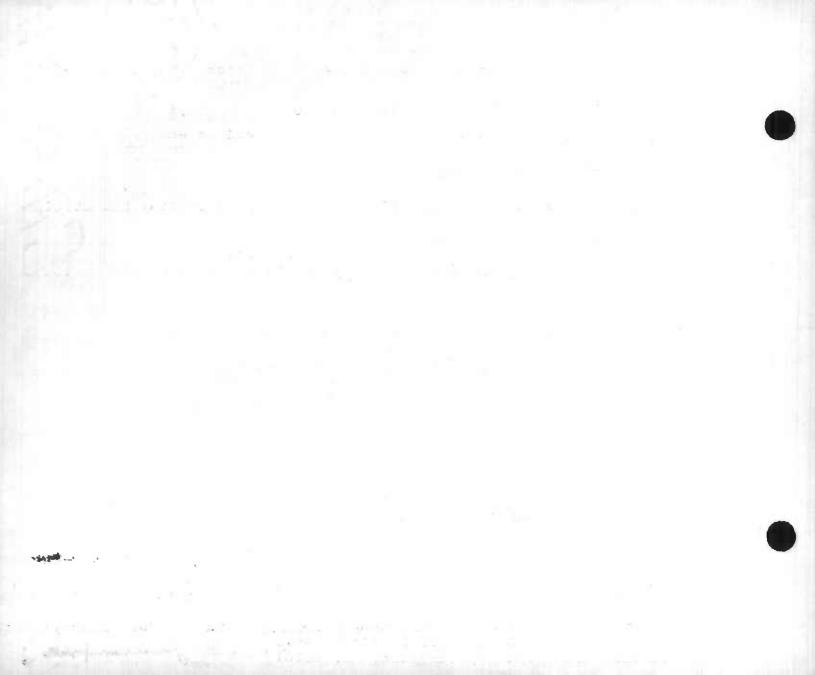
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	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH ARE MENTAL HY CERTIFICATE OF DEATH	GIENE 2 8 4 9 5 REG. NO.
eo th		CEASED NAME FIRST E OR PRINT) Mary	Ruth	Shenberger	October 28, 1984 9:55p
ge 4 moy	3. SE	Female	White	5. DATE OF BIRTH MONTH DAY YEAR 10 12 10	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Po	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) nnsylvania	U.S.A.	MARRIED WEVER MARRIED WIDOWED DIVORCED	Prince George's County M
hours after dec		iverdale	(IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION LET ADDRESS) LIAL HOSPITAL	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 17. KIND OF BUSINESS OF INDUSTRY
completely filled in a	13a : M 14 F/	aryland F ATHER'S NAME FIRST Wallace	OR OTHER INSTITUTION GIVE RESIDENCE BEF UNITY G. Hyatts MIDDLE LAST Reed	ORE ADMISSION) 13d INSIDE CITY LIMITS? VIIIe YES NO 1 15. MOTHER'S MAIDEN NA	MIDDLE LAST
aphysicion and co anpapers. Pages 1 'emava'.		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES (ARMED FORCES? 166 SOCIAL SEGUE WAR OR DATES) 214-34	(Hus	sband) ADDRESS Shenberger Same as 13e APPROXIMATE NITERVAL IN APPROXIMATE NITERVAL IN APPROXIMATE APPROXIMATE NITERVAL IN APPROXIMATE APPROXIMATE NITERVAL IN APPROXIMATE NI
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BP	23a.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR Gasch	n's Sons 4739 P.A. Hyattsy	reenmount Cemete Baltimore Avena	THE YORK YORK Pennsylvanie VO 2:184



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ITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	t: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may not station.	ate has been signed by the attending physician and campletely filled in by the funeral director, age
201 W	es that	sed by
ITAL RECORDS,	t: The law require	ate has been sign

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH DECEASED NAME 2b. HOUR (TYPE OR PRINT) Lishepard 5-84 10-& AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 4. RACE DATE OF BIRTH DAYS MONTH 1889 Jan. 12. Female Cauc. 9. BALTIMORE CITY OR COUNTY OF DEATH Let BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. Mass. WIDOWEDIX DIVORCED Prince Georges O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFET (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Presidential Woods Health Care Adelphi Housewife USUAL RESIDENCE (IF NURS -) TO OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Dist.Of Col 6614 Harlan Pl. NW .C. YES X Washington 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Minnie H. Diggela John W. Mackintosh 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Ann. S. Harris Washington, D.C. (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST NW 20012 023-01-0952D No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 1480 IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (a), stating the Portoris underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION HUPOTHYFOIDISM 206. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Nove NO. NO D 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART I OR PART 2) OR CONTRIBUTING NO AUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify tha (1) (this hospital) attended the deceased from sow the deceased alive an above (1) the did (1) and that in (my) (our) apinion death occurred on the date and hour and from the causes stated mot) view the body ofter death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 22d PHYSICIAN'S NAME TICK TILMO 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE Washington, D.C. 10/5/1984 | Geo Wash Med School Removal

DHMH - 16 50M 4/83 (VRA 15, 4)

Columbia Mortuary Services, Inc. Missouri Ave. NW Wash. D.C. 2001

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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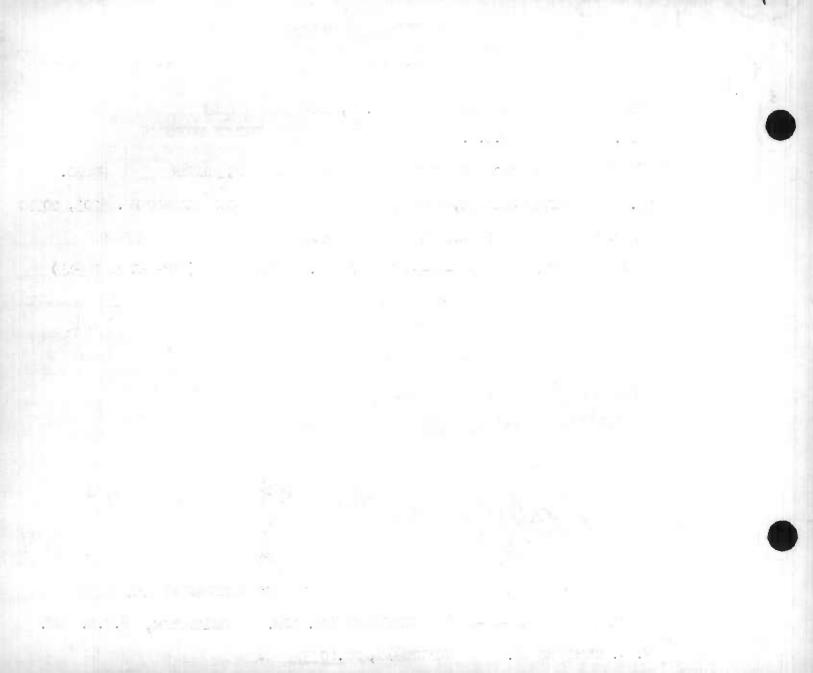
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within 24 hours offer

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

BP. DHMH - 16 50M 4/B3 (VRA 15, 4)

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		MALE	CAUCASIAN	NOV		69	YRS		DATE	I I OURS
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14	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PRINCE GEORGE'S GENERAL HOSPITAL BUS DRIVER					OF WORKING	G LIFE) 126 KIND OF BUSINES INDUSTRY METRO.			
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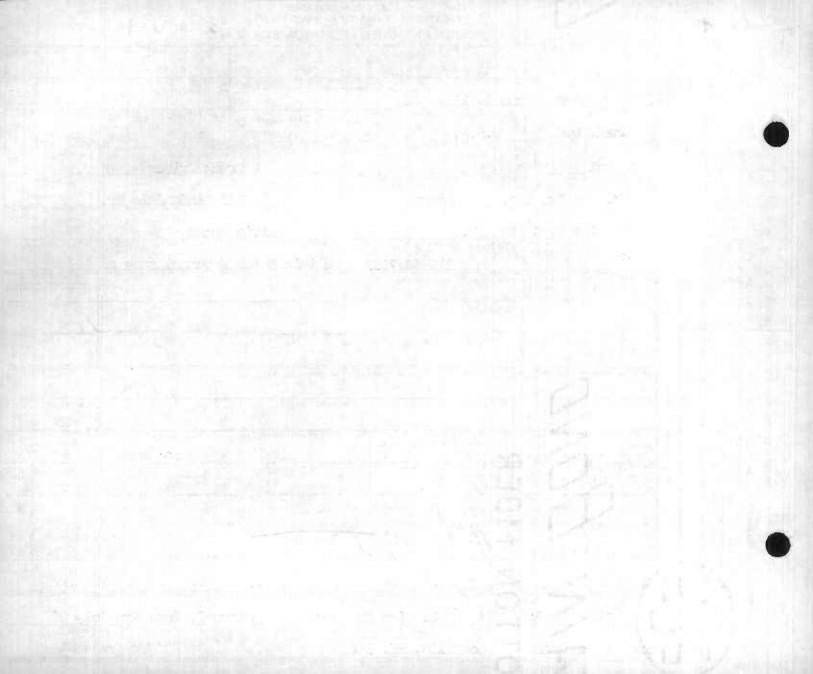


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26 DATE KNOWN X MONTH DAY 7b. HOUR (TYPE OR PRINT) SLUBYY DEATH MATED 10-26-8410 MICHAEL & AGE (IN YEARS | IF UNDER I YR 4. RACE IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 10-26-84 :50A April 23,1966 18 YRS Male Black 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED K FOREIGN COUNTRY) U.S.A. D. C. DIVORCED Prince George's County O CITY OR TOWN OF DEATH Le Tand Memorra T S Hospital Riverdale Student University USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE 1131 COUNTY 13c. CITY OR TOWN 2929 Mills Avenue, N. E. D.C. Washington YESK NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Griffin Sluby Paul Barbara 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Washington, C. 20018 578-04-6919 Paul E. Sluby, father, 2929 Mills Ave. NE, 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:
Gunshot wounds of chest SETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 0 3

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WHILE TO NOT WHI	IAT H		OFFICE, FARM, ETC	STREET		CITY OR TOWN	COUNTY	STATE
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		um)	ATTEN			10	258
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R III d	CONTRIBUTING C. FEITHER NOTEY MEDIC INJURY OCCURR INJURY ORR NOT WHIT ORR I Certify that (I) Case the decession of the dece	CONTRIBUTING CAUSE OF DEATH FEITHER NOTIFY MEDICAL EXAMINER) INJURY OCCURRED ALL CONTRIBUTION I certify that (I) (this haspital) after the discussed allowed to the contribution of th	CONTRIBUTING CAUSE OF DEATH FEITHER NOTHY MEDICAL EXAMINER) INJURY OCCURRED VORE NOTWHILE AT WORK I certify that (I) (this haspital) attended the deceased on the discount all the property of the discount all the discount all the property of the discount all the discount all the property of the discount all the discount all the property of the discount all th	CONTRIBUTING CAUSE OF DEATH FETHER NOTIFY MEDICAL EXAMINER) FETHER NOTIFY MEDICAL EXAMINER) P.M. 19 INJURY OCCURRED INJURY OCCURRED INJURY ON THE CONTRIBUTION OF INJURY INJURY OF INJURY I Certify that (1) (this haspital) attended the deceased from the dece	CONTRIBUTING CAUSE OF DEATH FETHER NOTIFY MEDICAL EXAMINER) FETHER NOTIFY MEDICAL EXAMINER) P.M. 19 PLACE OF INJURY INJURY OCCURRED INJURY OCCURRED INJURY OF INJURY INJ	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH FEITHER NOTIFY MEDICAL EXAMINER) P.M. 19 INJURY OCCURRED INJ	ACCIDENT WAS UNDERLYING 21% TIME OF INJURY 21% TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21% CHOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 19	ACCIDENT WAS UNDERIVING 21b. TIME OF INJURY 10 NOT INJURY

DHMH - 16 50M 4/83 (VRA 15, 4)

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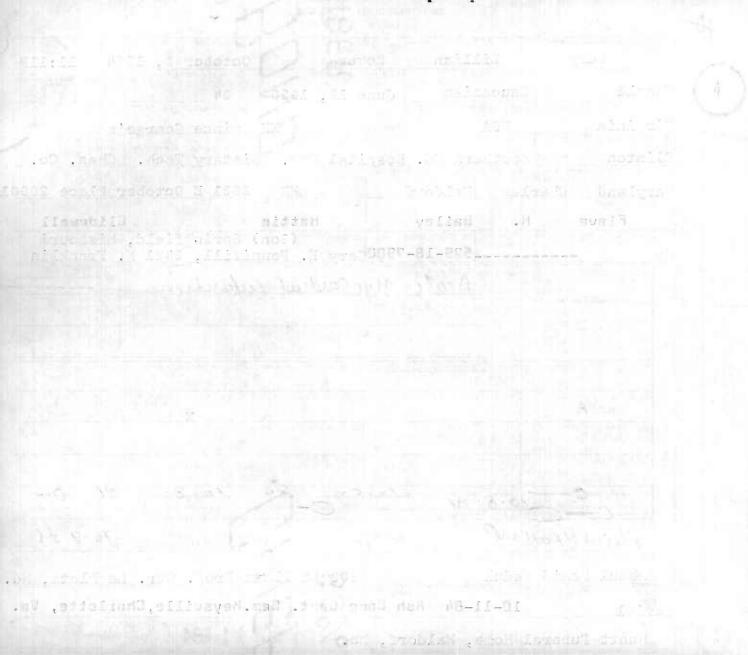
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is morked at them 18 shows ony injury, or other troumotic event, the medical sections

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 2g. DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) Rubv Lillian October 8. 1984 Sowers 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR DAYS Female Caucasian 1920 June 15 a. BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY irginia WIDOWED DIVORCED KK Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clinton Southern Md. Hospital etary Tech. Chas. Co. USUAL RESIDENCE (IF NURSING HOME OR 136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Charles Waldorf XXXON 3031 E October Place 20601 Maryland 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Glidewell Flave H. Bailev Hattie 17 INFORMANT (Son) 166 SOCIAL SECURITY NO Springffeld, Missouri 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 579-18-7900 Gary E. Pennifill. 3421 N. Franklin 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV YES T NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) DIVISION OF VIT HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220 I certify that (1) (this heapital) attended the deceased from _ . . . 10.8and that in (my) opinion death accurred on the date and hour and from the causes stated above (1) and did not view the body after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deta with the State [PHYSICIAN TO DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Abdul Hamid Fadul 202 La Plata Prof. Ctr. La Plata. Md. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 234 NAME OF CEMETERY OR CREMATORY (SPECIFY) Ash Camp Bapt. Cem. Keysville, Charlotte, Ma. 10-11-84 Burial 24 FUNERAL DIRECTOR dia Davidson-Handese DHMH - 16 50M 4/83 Huntt Funeral Home, Waldorf, Md.

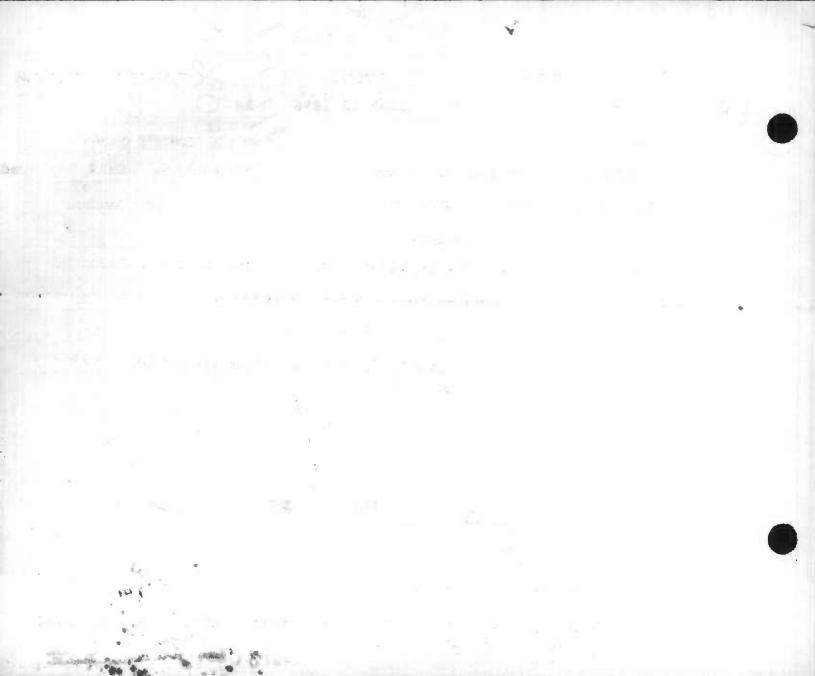
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MPORTANT:

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH BEGISTRAR REG. NO. LAST 2n DATE OF DEATH DECEASED NAME FIRST MONTH 2h. HOUR TIPE OF PRINT **EMORY STOWERS** 10 30 84 10:54AM Н. 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYFAR IF UNDER 24 HRS 5. DATE OF BIRTH S. SEX MONTH Male Caucasian 1927 Dec. 56 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. PRINCE GEORGES COUNTY W. Virginia DIVORCED T WIDOWED O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY CHEVERLY PRINCE GEORGES GENERAL HOSPITAL Paint Contractor Painting USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 20781 13a. STATE 13e.STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland 4500 Decatur St. Prince George Hyattsville YES DO NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME AIDDLE Stella Pike Stowers Davidson ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 8601 Temple Hills Rd. Temple Hills. Md. IYES, NO OR UNKNOWN! I DE YES GIVE WAR OR DATEST 234-38-6327 Yes Unknown Audrey Jennings APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Drain stem IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF DER 12N3100 Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [71a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH WEDICAL (# EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY COUNTY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR LOWN STATE NOT WHILE Del certify that (K(this haspital) attended the deceased from October 26 October October 30 81. and that in (our) apinian death occurred on the date and haur and from the causes stated the deceased alive on_ above. (Twe) (did) (d distr) view the bady after death 27E-SKINATEHE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 77LPHYSICIAN'S NAME ENNIS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE CITY OR TOWN Burial Blue Ridge Mem. Gardens Roanoke Roanoke

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL

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24 FUNERAL DIRECTOR

6160 Oxon Hill Rd. George P. Kalas Funeral Home Oxon Hill. Md.

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	3 SEX		4 RACE		5. DATE O	F BIRTH		AGE (IN YEARS LA		IF UNDER I YEAR	
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-1	7a BIF	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF W		8. MARRIED		9	BALTIMORE CI		Y OF DEATH	
1		shinaton D.C.	U.S.	Α.	WIDOWE			Prince	George	's Coun	ty, MD.
10	10 CI	TY OR TOWN OF DEATH	(IE NOT IN SUCH I	FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION		TYPE OF WORK EOR M			OF BUSINESS OR
2		Lanham	Doctors	' Hospit	al of	P.G. Cour	nty	Housewif	e		
6	USUA 13a S	TATE 136. COUNT		IVE RESIDENCE BEFORE		13d. INSIDE CITY LIM	MTS? 13	STREET ADDR	ESS / ZIP CO	DE	
4			e George	College	Park			3602 Mar	lbroug	h Way	20740
2	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDE		MIDO	DIE .	ı	AST
10			rancis	Rupe		Edith 17. INFORMANT	ı	0	DDRESS	Sm	ith
1		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	IN SOCIAL SECU	KIIT NO.	40 40				LAG at	
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1		OR CONTRIBUTING CAUSE OF DE	216. TIME OF	INJURY . MONTH DA	YEAR	21c. HOW INJURY O	OCCURRED	(ENTER NATURE O	FINJURY IN ITEM I	B PART I OR PART 2)	
/	CAL	(IF EITHER, NOTIEY MEDICAL EXAMINE	r) P.M		19						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE O	F INJURY ET, FACTORY, OFFICE, F.	ARM, ETC 1	211 LOCATION		CITY	OR TOWN	COUNTY	STATE
		AT WORK			64.	1 7	C 11		1 1	011	
		22a. I certify that (1) (this hasp sow the deceased alive on	. /-		84/	d that in (my) (our) o	printen dec	th occurred on	he date and h	our and from th	, that (I) (we) lost
	117	obove, (I) (we) (did) (did no 27b SIGNATURE	ot) view the body o			DEGREE	- printer acc	, in occurred our	ne dore ond n		E SIGNED
		Kaldania M	Sala	0110	mi	ATTEND	ING V	MEDICAL	STAFF	101	7/84
7		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	,		22e ADDRESS	IAN (A)	DIRECTOR PH	IT SICIAN [11	1
		KATHERINE	SAN	120PI	-	5804	Rad	U. Ave	HVa	Ho VIL	Lo Md
-	23o B	URIAL CREMATION, REMOVAL				EMETERY OR CREMAT		23d LOCATION	/	7,,,,,	<u> </u>

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for with the State Dept. of

Burial Oct. 10, 1984 Maryland Veterans

14 FUNERAL DIRECTOR Francis J. Collins, DORESS

500 University Blvd., W. Silver Spring, Md. 500 University Blvd., W.

Cheltenham trortown

Ltenham Pr. Geo. Maryland

REGISTRAR 256 REGISTRAR'S SIGNATURE

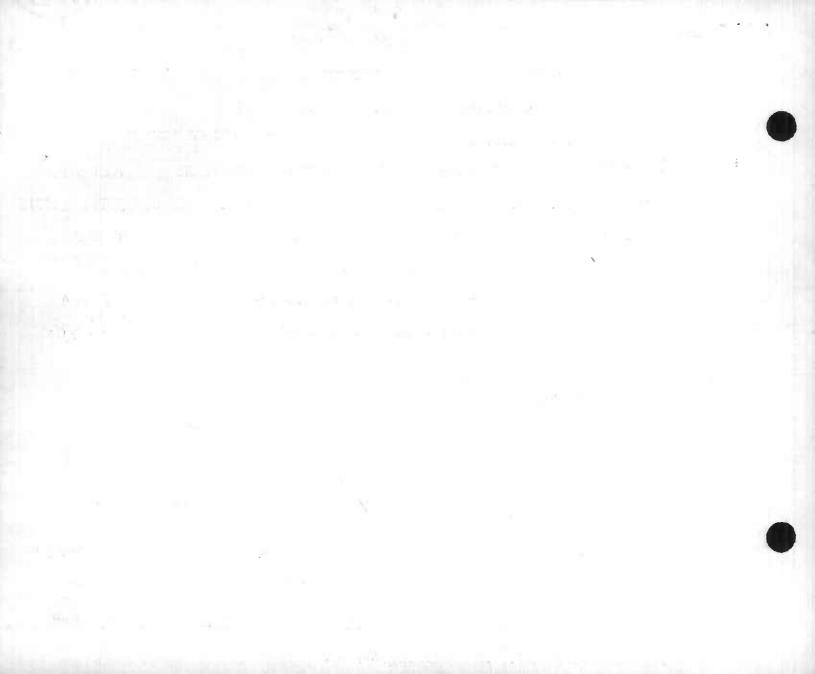
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500 UNIVERSITY BLVD. W. SILVER SPRING, MD.

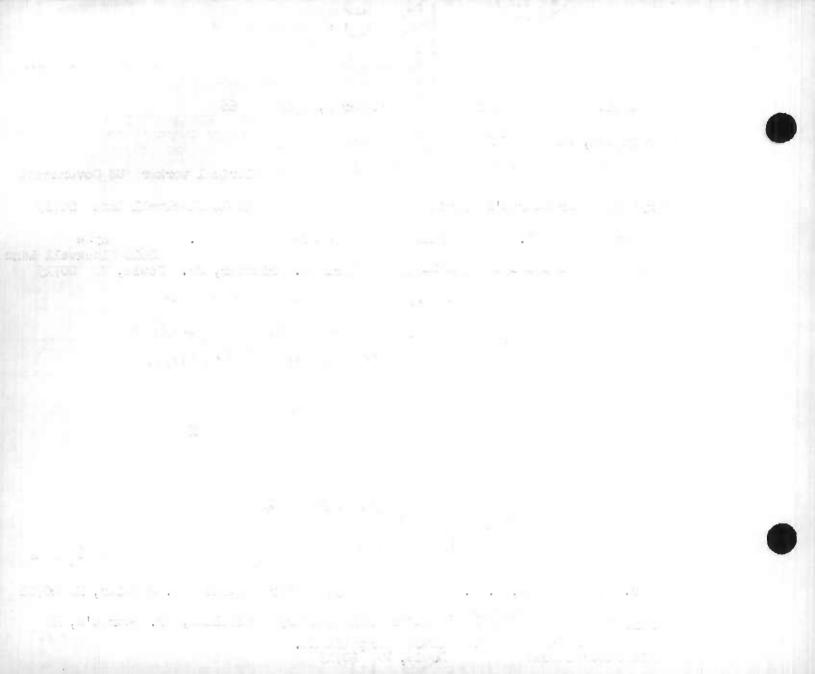
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1.	STATE OF MARYLAND
5	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES
w.	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
(10)	DECEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN MONTH DAY YEAR 26, HO
1 1	(TYPE OR PRINT) OF ESTI- DEATH MATED PRINT) OF ESTI- DEATH MATED OF A STO PRINT)
4 33 SEE	
25.25g	SEX SEX S. DATE OF BIRTH S. DATE OF BIRTH ON YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED A SERVICE OF BIRTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED
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以	Phode Teland II S
E of 10 - 20 - 200	
PAGE PAGE	(IF NOT IN SUCH FACILITY, GRUSSIGNEET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY
型でで開発し	OvenDuos d 4002 3 8th Jt April Meter Reader Water Dept.
2.21201 F. AND STO SHOULD BE LEKENDON	JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13b COUNTY 13c. GITY OR TOWN 13d INSIDE (ITY LIMITS? 13e STREET ADDRESS 20722,
	1 1 - Rince Geo vac Brow truly VEST NO 1 7013 3 that April
D. A. S.	4. FATHER'S NAME IS. MOTHER'S MAIDEN NAME
ORE, MD. 21. DEATH. IF AI GES 1.2, AN RM PM. 3. RE LAND 2.5HG OFWALRE	FIRST MIDDLE LAST FIRST MIDDLE LAST
0 005 00 -	66 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 5017 27412 7000
ALTIM AFTER IVE PA H FOR AGES I	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
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HOURS HOURS M 18. G MG WII RMIT. P.	18 CAUSE OF DEATH (Enter anly ane cause per line far (a) (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUF RITHING THE WORD "PENDING" IN PENCIL IN ITEM 18 ROED TO THE CHIEF MEDICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. E DEPRIZIANT OF HEALTH AND MENTAL HYGIENE, DI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	(c)
RD SEE	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Ia.
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SHOULD SHOULD ORD "PE CHIEF A TOF HE	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR AM MONTH DAY YEAR 2110. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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TAAAE	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STAT
DIVISION OF VITAL REG RE THIS CERTIFICATE SHOULD INTE, WRITING THE WORD "PEN DRWARDED TO THE CHIEF M REPAGE 3 SHOULD BE USED A REPAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA ID, 21201 PRIOR TO BURAL.	200. I certify that I taak charge of the remains described abave, held an Autapsy . Inspection . Inquiry . and in my apinian
EXAMNER: CERTIFICATI ULD BE FOR DIRECTOR: , WITH THE !	
STIFE OF STI	
W. P.	ACTUAL DATE A CLO PAR
A E S A E B	SIGNATURE M.D. MEDICAL EXAMINER SIGNED
MEDICAL CUTETHE SE 4 SHO FUNERAL TIMORE,	EXMANER'S NAME
	ADDRESS_
TO MEDICAL EXAMINER: THE ERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE STAME MARYLAND, 2	130. BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE
BP	Removal 10/10/84
	24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5))	Anatomy Board Balto., Md.
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21201 ANY D AND 33 RETAIN HOULD RECORD	130 5	AL RESIDENCE (IF IN NURSING HOW STATE 136 COL aryland Prin		13c CITY OR TOWN	13d INSIDE CITY LIMITS? YES NO X	8909 East E	Bourne La. 20708
RE, MD.		ATHER'S NAME Dominick	WIDDLE	Terreri	15. MOTHER'S MAIDEN FIRST Grace	WIDDLE	Pennucci
ALTIMO AFTER I SINE PAR SINE PAR IN FORM MAGES I			ARMED FORCES? IVE WAR OR DATES) CREAN	137-20-2560	Nancy N.	Terreri sa	ame as #13
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TO MEDICAL E EXECUTE THE OPAGE 4 SHOU PAGE 4 SHOU AFTE PUBETAL BALTMORE, M		FRAMETER'S NAME	ans		ADDRESS	MEDICAL EXAMINER	SIGNED COULT
BFTT RE E E E E E E E E E E E E E E E E E	(urial, cremation, removal SPECIFY) Burial	10/24/8		eaven Cem.		orris Co. N.J.
DHMH - 17 (VR A15 ME (5)) 20M 4/B2	好了	ECK FUNERAL 601 Sandy Si	HOME, MONE	NC. Laurel Md.	1111.1	2 4 1984 Julia	Stran's SIGNATURE Davidson-Randale

FOR	DEPAR
STATE	

STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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		REGISTRAR		CERTITI	ATE OF DEATH	REG. NO).	
		CEASED NAME FIRST	MIDDLE	C +	16000	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
4 400	1 SE	CARR	RACE /	5. DATE OF	RIDTH	AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYE	AR IF UNDER 24 HRS
1 10	30	Female	Black	J. DATE OF	17 1932	52	MONTHS DA	
0 11 21	7a. B	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNT	RY? 8		BALTIMORE CITY OF	YRS. COUNTY OF DEATH	
I IL	4	Maryland	U.S. A.	WIDOWED	NEVER MARRIED U	PRINCE	= GEOI	PGEMO.
1 11 17	10 0	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NU (IF NOT IN SUCH EACHITY, GIVE S		OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF	ON 126. KIND WORKING LIFE) INDUSTR	D OF BUSINESS OR
00	7 5	AL PESIDENICE HE NURSING HOME OF OT	OUTNER	LEGRE ADMISSION	y Haspiley	Unemploy	reed 1	VONE
1 11/2	130	Maryland Char	13c. CITY OR	bury	YES NO NO	Route Box	ZIP CODE / 20	0458
1/4	1 F	ATHER'S NAME PIRST MID	Wash	naton	S. MOTHER'S MAIDEN NAM	MIDDLE	Shi	ve/5
1 16 5		WAS DECEASED EVER IN U.S. ARME		SECORITY NO.	7 INFORMANT	ADDRE		
1 65 1		NO -	- 3123	4-4634	Diane Pasey	1 - Nanjen	104, Md.	20662
0 1100		PART I DEATH WAS CAUSED B		Man L	at Copini			B MONTAS
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that sold or other		underlying cause last.	(c)					
pient pigne	z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE OR CONE	ITION GIVEN IN PART	l lto
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25 2 1	THE S					YES NO	IN CERTIFYING CAUS	SES OF DEATH?
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SCU Participant	MEDICAL	(IF EITHER, NOTIFY MEDIC ALEXAMINER)	P.M.	19				C1000000
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DING prop prop prop prop prop prop prop pro	9	22a certify that (I) (this hospital)	attended the deceased for	om Asc	10 83	in Oct.	23 1084	, that (I) (we) last
THE STATE OF THE S	0 3	saw the deceased alive an abave, (I) (we) (did) (did not) v	Oct. 23	001	that in (my) (our) opinion de	eath occurred on the do	te and have and from (
A SO TO THE PERSON NAMED IN CO.	3	THE SIGHAPORE	New file body offer dediti.	D	EGREE			ATE SIGNED
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HOSPI TUNE THE SE		HARVOY K	477em M	0	6525 Bele	Rest RI	Halt	· Inl.
5 € 5 € £ ∰ —	73u		236 DATE 19	23¢ NAME OF CE	METERY OR CREMATORY	23d LOCATION	7	STAYE
BP	N	Burial	10-27-84	Oak 910	HE Bop Church	grayfor	1 Challe	's Md.
DHMH - 16 50M 4/83	24.1	UNERAL DIRECTOR	sacral MADDER	Par	L. MINGE	RECO BY REGISTRAR	156. REGISTRAR'S SIGN	NATURE CO.
(VRA 15, 4)		1101110110 16	ATTEMENT PROPER	- 1 011101	11-61/1/14			mulary men

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Sylva 4 RACE Black THPLACE (STAILE OR GON COUNTRY) TO TOWN OF DEATH Cheverly RESIDENCE (IF IN NURSING HOME FIRST AS DECEASED EVER IN U.S. AF 10. (IF YES, GW)	5 DATE OF BIRTH MONTH DAY 6 1 76 CITIZEN OF WH 11. NAME OF HOSE (PROTING SUCH FACE) PRINCE OR OTHER INSTITUTION, GIV	AT COUNTRY? PITAL, NURSING HOW CILITY GIVE STREET ACPRESS! Geroge S	MONTHS DAYS WRS. MARRIED WIDOWED ME, OR OTHER INSTITUTE CO. HOSPI SION) 13d. INSIG	R. IF UNDER 24 HRS HOURS MIN NEVER MARRIED DIVORCED ITUTION 120 US FOR	OF ESTI- DEATH MATED 20 DATE PRONOUNCED DEAD 9 BALTIMORE CITY OF Prince Get UAL OCCUPATION (1YPE- MOST OF WORKING LIFE)	orge's Cour	PM 11:
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	(c) S <u>Contributing to Death</u> R	UT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDI	ITION GIVEN IN PART 1 10			
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UNDERLYING X OR CONTRIBUTING CAUSE OF	DEATH P.M.	10-17-040	pedest	rian struck			
WHILE NOT WHILE AT WORK	STREET SEL		Kerrilw	orth Ave/n	r. Tuxedo Ro	d. R.G.Coun	ty,Md
228. Learnify that I took charge of the remains described above, held an Autapsy X, Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident XX Suicide , Hamicide , Undetermined manner ,							
	uprite 1	reyful	M.D. AS	SISTANT		DATE SIGNED 10-14	-84
TIPE OR PRINT)			ADDRES	S			
CIFA]		23c. NAME OF CE	EMETERY OR CREMA	ATORY 23d. LC	OCATION FOR TOWN	COUNTY	STATE
	10/25/84			250. DATE REC'D. B	Y REGISTRAR 256 REGIS	STRAR'S SIGNATURE	
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MIT 31 may be the same street

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DEPARTMENT OF HEALTH AND MENTACHYGIERE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH I. DECEASED NAME FIRST 26 HOUR October 17, 1984 (TYPE OR PRINT) 9:15A. Tilley Helen S. 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH May 24 1909 75 Female Caucasian To BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's Wash. D.C. U.S.A. WIDOWED 19 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Greater Laurel Beltsville Hospital Laure1 Teacher Elm. Sch. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
138. COUNTY
130. CITY OR TOWN
130. Laure1 134 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 16107 Kent Rd. 20707 NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Eugene Staples Fuller Mae 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (IF YES GIVE WAR OR DATES) 579-26-9096 Richard E. Tilley No Same as #13e m 18 CAUSE OF DEATH (Enter only one couse per line los (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR FOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 27a 1 certify the (1) this hospital) ottanded the deceosed from sow the deceased alive on_ (my (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

74 FUNERAL DIRECTOR FLECK FUNERAL HOME INC. 7601 Sandy Spring Rd. Laurel, Md.

10/18/84

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE 18 1984 whe Lindon Andree

Natt. Memorial Pk. Fairs Church Virginia

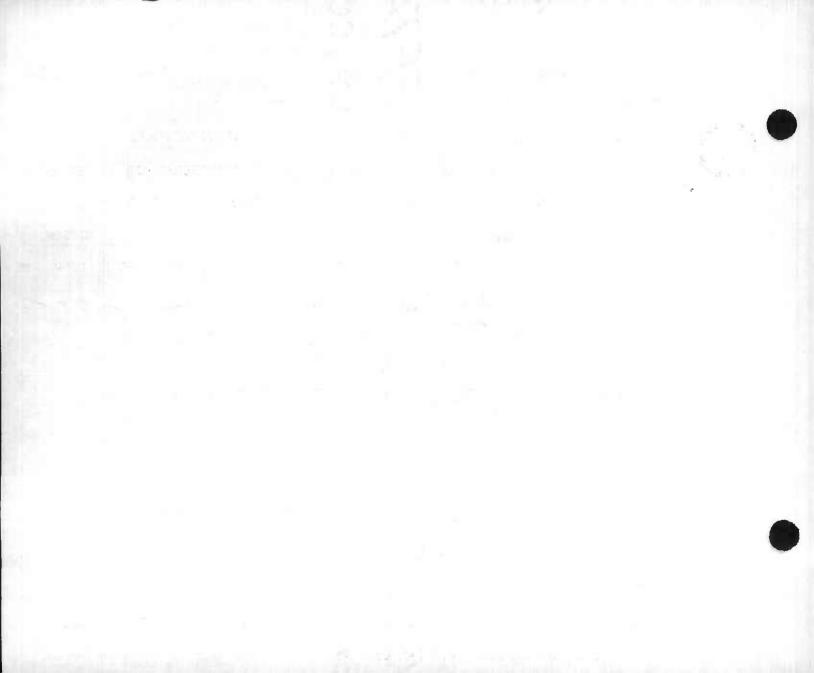
DHMH - 16 50M 4/83 (VRA 15, 4)

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4	7 - FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL BY CERTIFICATE OF DEATH	GIENE 2 8 5	17
m 5	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 2b. HOUR
oy be death	VIRG		TUCKER	10-21	
ctor. po	3 SEX FEMALE	1. RACE BLACK	5. DATE OF BIRTH MAY 21 1918		UNDER I YEAR IF UNDER 24 HRS
deoch. Poo	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) KENTUCKY	76. CITIZEN OF WHAT COUNT		9. BALTIMORE CITY OR COUNTY OF PRINCE GEORGE'S	
op of A	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S' PRINCE GEORGE	RSING HOME OR OTHER INSTITUTION TREET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INSTRUCTIONAL AI	126. KIND OF BUSINESS OR INDUSTRY EDUCATION
24 hoy	USUAL RESIDENCE (IF NURSING HOME 13a STATE MARYLAND	OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)	13e STREET ADDRESS / ZIP CODE 1407 ELKWOOD LANE	20027
ompletel	14 FATHER'S NAME ALEC	MIDDLE TRA	VIS ADDIE	ME MIDDLE	GIBSON;
n and co	(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL S GIVE WAR OR DATES) 233-34		ADDRESS CKER 4556 KENMOUN	NT RD LANHAM MI
S PHYSICIAN: The law requires that the death certificate bittending physician, it his certificate has been signed by the attending physician the burial-transit permit. Then please remove carbon papers, and Mental Hygiene prior to burial, cremation, ar removal, sed or tem 18 shows any injury, or other traumatic event, the	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CORSE T CONDITIONS CONTRIBUTING 196 CONDITION FOR WE 216. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	estind Ble 1200 AUTOPSY? 120b IF YES.	WERE FINDINGS USED ING CAUSES OF DEATH?
TO HOSPITAL OR ATTENDING P retained by the hospinal or other to the should be deroched for use as the with the State Dept. of Health and IMPORTANT. If Hem 21 is marked	220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did) 22b SIGNATURE 230. BURIAL, CREMATION, REMOV. (SPECEY) BURIAL	AL 23b. DATE	OBGREE ATTENDING	death accurred on the late and hour of death accurred on the late accurred to the	22 DATE SIGNED
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME J.B. JENKINS FU	ADDRE	250 DA	TE REC'D. BY REGISTRAR 256 REGISTRA	ar's signature



1951 - 1954 Forms J. 1910- 13511 outs 1611

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burnal-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed within 72

should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal

IMPORTANT: If them 21 is marked or them 18 shaws any

injury, or other troumatic event, the

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

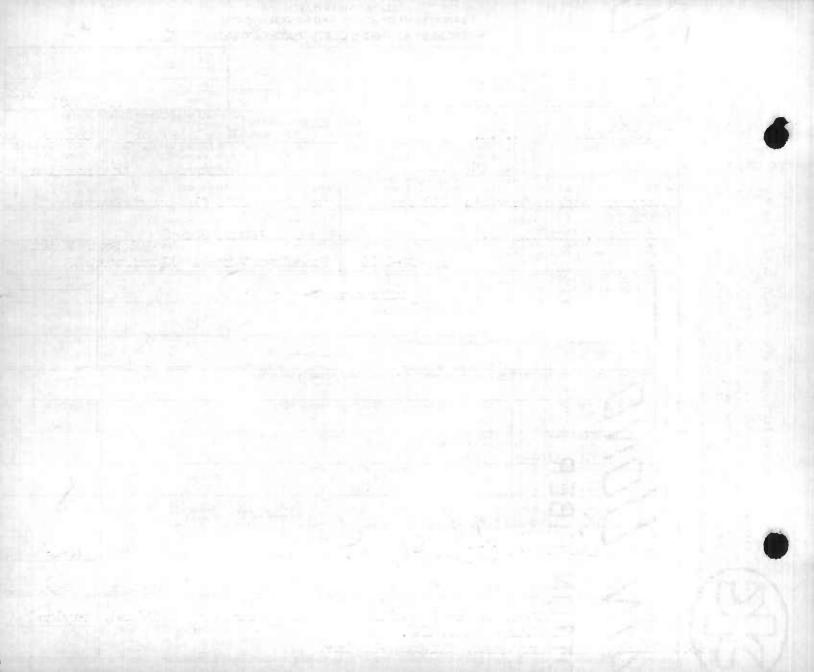
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d	TYPE	OR PRINT)	Emma		M	Utt	erback			10	27	84	2:33	P
١	3. SEX	(4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UN	DER TYEAR	IF UNDER 24	MIN.
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		RTHPLACE (STATE O	R FOREIGN	Th CITIZEN OF	WHAT COUNTRY	? &	NEVERM	APPIED	9 BALTIMORE CIT	Y OR COUN	NTY OF	DEATH		
3		Virgi	inia	U.S.	Α.	WIDOWE		ORCED	Prince (eorge	s Co	unty		MD.
,		TY OR TOWN OF D		11. NAME OF I	HOSPITAL, NURSI	NG HOME C	R OTHER INST	ITUTION	17a. USUAL OCCU			L KIND C	F BUSINES	S OR
9	R	iv erdale		Leland	Memoria		ital		Housew			Owr	Hom	e_
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G		Thomas		J.	Leedv			ttie	H			Char		
		VAS DECEASED EVE			166 SOCIAL SEC	URITY NO.	17. INFORMA			DDRESS				
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		18 CAUSE OF DEA	TH (Enter on	ly one couse per	line for (a), (b), a	nd tc i							MATE INTERV	AL
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		DUE TO, OR AS A CONSEQUENCE OF												
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		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF IN FERIOR WALL												
		underlying couse lost. (c) CARDINGENIC SHOCK												
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	TIFE								YES NO		YES [NO 🗌	
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	MEDICAL	214 INJURY OCCU		21e PLACE	OF INJURY	FARM EIC)	211. LOCATIO	N	CITA	OW TOWN		COUNTA	STA	LTE
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		22b. SIGNATURE	. 0			- /	DEGREE	TTENDING .	-AMEDICAL	STAFF	/	22c. DATE	SIGNED	04
	100	AN	Ind	M.	Mehl	a	. 0 1	PHYSICIAN A	DIRECTOR PH	YSICIAN D	/	(0)	100+1	54
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DHMH - 16 50M 4/83 (VRA 15, 4)

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24 FUNERAL DIRECTOR Gasch's Sons 4739 Baltimore **Funeral** Home P.A.

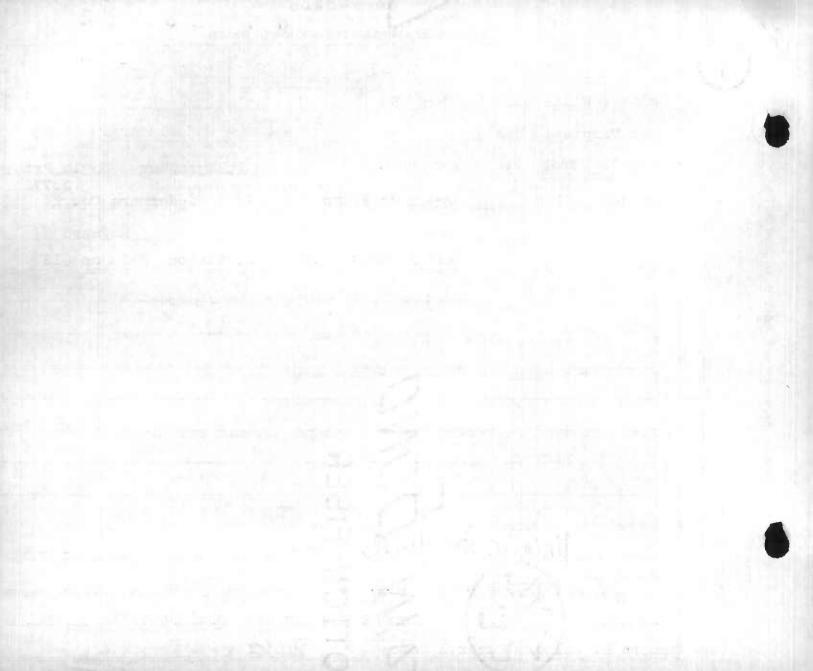
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Tr. Con. Jan. Mosp. - Med. Cir. Chev. Md.

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5	JUNE BAST	USU 4	RESIDENCE (IF IN NURSING HOME OR		DENCE BEFORE ADMISSIO	N) 13d UNSIDE CITY LIMITS?	13e STREET ADDRESS		20737
3	A MEDIO	1	11 Avence	bearing	RIVERI	PLE 950X, NO[1846	210
9	ALS 3.	14. FA	THER'S NAME	710	THE LICE	15. MOTHER'S MAIL	DEN NAME	8 8 2.0	AU.E.
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44	A S S S S	100 V	S.NO, OR UNKNOWN) (IF YES, GIVE W.	AR OR DATES)	SOCIAL SECURITY			5811	66th Ave
	URS AFTER DEATH. IF 18. GIVE PAGES 1, 2, 4 WITH FORM PM. 3, 1 IT. PAGES 1 AND 2 SH CONVISION OF VITALE		Yes Korea	a 1	51-26-310	3 Ms. Joan	n Walton, R	iverdale,	Md. 20737
	HOURS M 18. G WG WIT. P RMIT. P INE, DIV.		18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b) and (c).)	1 1			APPROXIMATE INTERVAL
5	NE SECTION OF THE SEC	. 3	PART I DEATH WAS CAUSED I	BY:	11-11	to Mison	esud 1-	10:	BETWEEN ONSET AND DEATH
· č	WITHIN 24 FENCIL IN ITEM MINER ALON TRANSIT PER INTAL HYGIE OR REMOVA		IMMEDIATE		CONSEQUENCE	501 0	74.0	15	
	NA A FINA		Canditians, if any, which	BOETO, OKASA	CONSEGUENCE				
	A S S S S S S S S S S S S S S S S S S S		gave rise to immediate	(b)					
3	A WE ZO		lying cause last.	DUETO, OR AS A	CONSEQUENCE O	F			
20	SAN AN		Tyling Coose lost.	(c)					
NOTION OF WITH PECOPOS 301 W PRESTON CT	HOULD BE EXECUTED WITHIN 24 HOUS RED "FENDING" IN FEMCIL IN ITEM 18 HIFF MEDICAL EXAMINER ALONG W USED AS A BURIAL TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	VAL DISEASE OR CONDITION GIVEN IN I	PART 1 (a)		
Č	PENDING MEDICA MEDICA DASA BLI EALTH AL	2	1/2	4.0.4					
- 1	- CAAAAAA	CERTIFICATION	19g. DATE OF OPERATION	TIEL CONDITION	EOR WHICH OPER	TION WAS PERFORMED?			20 AUTOPSY?
	CERTIFICATE SHOULD TING THE WORD "PE DED TO THE CHIEF A SENOULD BE USED, DEPARTMENT OF HE I PRIOR TO BURIAL, O	2	///	178. CONDITION	TOR WITHCH OF ERA	CHOIL WAS LEST ORMED!			
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u c	CATE WE WE THE WE TAKEN	B	210. EXTERNAL CAUSE WAS	HOUR AM MC	JRY ONTH DAY YEAR	21c. HOW INJURY OCCURR	ED LENTER NATURE OF INJUR	IN ITEM 18 PART 1 OR PART	2}
- 2	SHOOK S	3	UNDERLYING OR CONTRIBUTING CAUSE OF DE		19				
1	SH D T D SH	MEDICAL	714 INJURY OCCURRED	21e PLACE OF IN	JURY (AT HOME,	21f. LOCATION			
2	0 E 3 E 5 E	W	WHILE AT WORK AT WORK	STREET, FACTORY, F	ARM, ETC.)	STREET	CITY OR TOWN	COUN	STATE
666	ESASE C		AT WORK AT WORK						
	D. ATE.		220 I certify that I taak charge	of the remains describe	d abave, held an	Autapsy , Inspecti	an Inquiry	and in my apir	nion
	NO FILE		death resulted fram: Natural	Leguser Acci	dent . Suid	ide , Hamicide	Undetermined mann	er 🗍	
	EXAM CERTIL JID B DIREC WITH AARY		-7.			TITLE (SPECIFY)			
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	2 = 3 = 5 = 5 = 5		SIGNATURE		100	EDMD OP	MEDICAL EXAMIN	ER SIGNED	777
	SE AND A	-	EXAMPLER'S NAME TO A	IN 5. R	OGERS	/	1000000000	nvol.	"1
	A DE SEE		(TYPE OR PRINT) JOH	70 3. 1	OUEKS	ADDRESS	SEMININ	Kd.	2.3. Ma.
	TO MEDICAL EXAMINER: TO MEDICAL EXAMINER: TO PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	230 BL	RIAL, CREMATION, REMOVAL 236	DATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNT	Y STATE
	BP	1		10-6-1984	COLUMBIA	GARDENS CEM.	ARLINGTO		
			NERAL DIRECTOR		The same shall		REC'D. BY REGISTE AR		
	DHMH - 17 (VR A15 ME (5))	W.	W. CHAMBERS CO.	5801 CLEVE	TAND AVE	BTV MARTY	70 1084 7 W	www.dson_Ad	modulib
	20M 4/82			JOOR OTHERE	TAND MYE.	TITA - MONEY 3	19 Mary	-	Maria Carlo
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DEPARTMENT OF HEALTH AND MENTAL BY GIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH MONTH I DECEASED NAME (TYPE OR PRINT) EDWARD 10/23/84 A.llen WATSON Sr. 4. RACE 3. SEX 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF LINDER 2+ MRC Male Cau. 12,1915 Feb. To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) PRINCE GEORGE'S COUNTY MO U.S.A. Delaware DIVORCED P WIDOWED [IR CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12h KIND OF BUSINESS OR Retail Store PLOF WORK FOR MOST OF WORKING LIFE SOUTHERN MARYLAND CLINTON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 20748 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 4408 St. Barnabas Road Maryland P.G. Marlow Heights 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME AA IDDIN S MIDDLE Mary Wesley Skinner Watson Ma WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Garner Avenue 138-03-2942 Mayclaire Buschman Waldorf. Md. 20601 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MYDEARDIN IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES V NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (this haspital) attended the deceased from saw the deceased alive an 10/23/8 19. saw the deceased alive an and that in (our) opinion death occurred on the date and hour and from the causes stated the body litter death 276 SIGNATUR DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 9131 Piscataway Rd., Clinton, Md. 2073 R. GRACE with DR. 0 23d LOCATION 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Peter'a Cemetery Waldorf, Burial 10-26-84 Charles, Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4) Huntt Funeral Home, Waldorf, Maryland

MARYLAND 21201

DIVISION OF VITAL

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Home-4001 Benning Road NE

STATE OF MARYLAND

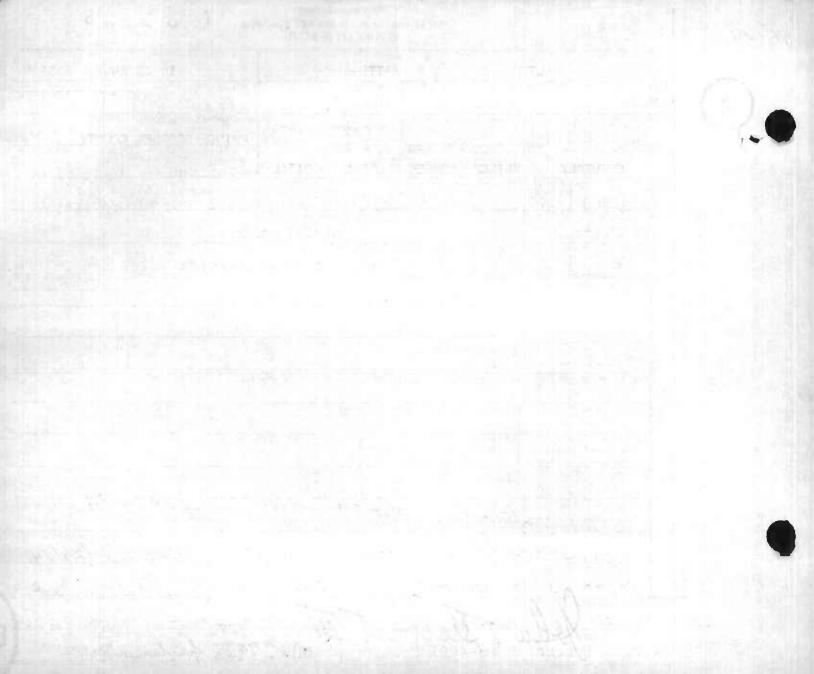
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT AS HYGIENE

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	1 -	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.				
ł		EASED NAME	EIRST		MIGDLE	l.	AST		2a. DATE OF	DEATH M	ONTH	QAY YEAR	2b. HOU	JR
	(TYPE	OR PRINT)	MARTH	AF	В.	WH	1 TE		L. E. F.		10-18	8-84	6 ::	MAGI
1	3. SEX	(4 RACE		S. DATE C			6. AGE (IN YE	ARS LAST BIRTHE		# UNDER I YEAR	IF UNDER	24 HRS MIN.
ı		Female	100	Blac	k	MONTH 7	14	YEAR 18	66		YRS.	MONINS UATS	HOURS	MIN.
ł	7a. BIF	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8.			9 BALTIMOI	RE CITY OR		OF DEATH		
1		OUNTRY)	colina	U.S.		MARRIE		MARRIED				COUNTY		MD.
1	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL C	CCUPATION FOR MOST OF V		12b. KIND C INDUSTRY	F BUSINE	ESS OR
4	-	IEVERLY	5/3	PRINCE	GEORGE'S	GENE	RAL HOS	JATIP		cher	TORKING (III		Sch	001
4	USUA 13a. S	AL RESIDENCE (IE NUR TATE Md.	13b. COUN		13c. CITY OR TOW	N	A STATE OF THE PARTY OF	CITY LIMITS?	13e.STREET A					
4					Forest H	gts.	YES [NO [Shuron	Dri	ve 2	0022	
1	14. FA	THER'S NAME EIRST		MIDDLE	LAST		IS. MOTHER	'S MAIDEN NA FIRST	AME	WIDGLE		LAS	iT	
		John		-199	Gallingto	n	N	onnie						
		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORM	ANT		ADDRESS	, 11	8 N. Hu	iron	Dr.
1		Jnkn.	(11 163, 014)	E WAR OR DATES!			Ms.	Elizabe	th Stor	dard		en Hill		
1		The Strawe of Decounty VAL									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
1		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PARTI. DEATH WAS CAUSED BY: PARTIL DEATH WAS CAUSED BY: P										day		
1		IMMEDIATE CAUSE (0)												
1		Conditions, if any, which (it) DUE TO, OR AS A CONSEQUENCE OF Urinary Tract Infection 9 day.										lavi		
		Conditions, if ony, which (b)										-	(
1	5.51	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF												
1		underlying cause last. (c)												
1	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
	ō	Bedridden of inventionent 2° old CVN												
3	CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	ION FOR WHICH OPERATION WAS PERFORMED							E FINDINGS USED CAUSES OF DEATH?	
	I								YES 🗌	NO	,	ES [NO [
7	E	21a. ACCIDENT WAS UN	IDERLYING				21c HOW I	NJURY OCCUR	RRED (ENTER NA	TURE OF INJURY	IN ITEM 18	PART I OR PART 2)		
		OR CONTRIBUTING												
1	MEDICAL	21d INJURY OCCUR	(IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e, PLACE OF INJURY 211, LOCATION											
1	WE	WHILE NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.)								COUNTY	5	STATE		
9		AT WORK AT WE	ORK C				1//	0.5		101	-			
		22a.l certify that (I			he deceased from_	PY.	11//		, to	10/1	*		that (I) (
		sow the decen- obove, (I) (we)				. 0	nd that in (my) (our) opinion	deoth occurre	d on the dote	ond hou	ur and from the	couses ste	oted
		226. SIGNATURE	41 (1-11	1	-	DEGREE					22c. DATE	SIGNED	.1
	76	won	4	1au	-/	MO		PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIA	NO	10/	18/8	-4
		224 PHYSICIAN'S N	AME TIPE O	PRINT)	. /		22e ADDRE		1 11	1.1	0 1	1		
		Don H	. Tale	100001	on, St		(030	0 G161	thedry	noi,	160 p	100k 2	070	16
		URIAL, CREMATION	, REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR	CREMATORY	23d. LOCA	TION or town		COUNTY		STATE
	1	Remov	al	10/19	/84				CIII	OK TOWN		COUNTY		STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

marked ar Item 18 shows any

IMPORTANT: If them 21 is

Anatomy Board

24 FUNERAL DIRECTOR

ADDRESS Balto., Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Lulia Davidson Rende 12.

STATE OF MARYLAND

26 HOUR

12h KIND OF BUSINESS OR

Private Ind.

IF UNDER 24 HRS

:46PM

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IF UNDER) YEAR

INDUSTRY

YES 🖂

COUNTY

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

HENT TO THE RESIDENCE OF THE PARTY OF THE PA The second contract of Tables of the land of the second of the seco TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 ne haspital or attending physician.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3 SE) M 70 BI (Ke 10 CI)	REGISTRAR CEASED NAME FIRST ON A L C X Male IRTHPLACE (STATE OR FOREIGN COUNTRY) Entucky	4. RACE Caucasian	5. DATE O	LIAMS OF BIRTH	REG. N. 20. DATE OF DEATH 6. AGE LIN YEARS LAST BIR	MONTH DAY 10 28	VEAR 26 HOURO	
7a Bi Ke 10 Cl	X Sale IRTHPLACE (STATE OR FOREIGN COUNTRY)	4. RACE Caucasian	MONTH	F BIRTH	A ACE INVESTIGATION			
7a Bi	IRTHPLACE (STATE OR FOREIGN COUNTRY)			28 1934 YEAR		MONTH	DER 1 YEAR IF UNDER 24 H	
10 CI USU 13e. S		76. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED X NEVER MARRIED		1 100 1100 1 2000 - 1 2000			
13a. S	CLINTON	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SOUTHERN MARYL	T ADDRESS)	R OTHER INSTITUTION	12a. USUAL OCCUPAT LITYPE OF WORK FOR MOST C Budget Dir	ION 12	b. KIND OF BUSINESS OF BUSINES	
Ma	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORM 136. CITY OR TON Georges Ft. Was	RE ADMISSION)		13e SIREET ADDRESS 806 Reid	ZIP CODE Terrace	20744	
14 FA	ATHER'S NAME FIRST Will Nos	ah Williams		15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE	В	oggess	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 402-40-7		Janet C. Will	iams 806°R	Reid Ter t. Washi:	race ngton. Md.	
NTION	Conditions, if ony, which gove rise to immediate cause to), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	JENCE OF			DITION GIVEN IN	N PART I (o	
CERTIFICATION			H OPERATIO		YES NO	IN CERTIFYING YES	CAUSES OF DEATH?	
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE, LIE EITHER NOTHY MEDICAL EXAMINE! 21d. INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONTH	19	211. LOCATION STREET	CITY OR IC		OUNTY STATE	
	220.1 certify that (1200300636) spw the deceased alive on	Scil) attended the decreased from.	84.5	d that in (my) 00 pinion of DEGREE ATTENDING PHYSICIAN PT 122e ADDRESS	death occurred on the d	1	from the couses stated 22c. DATE SIGNED (6 - 25 - 2	
23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c		6525 Belue emetery or crematory etion Cemetery	23d. LOCATION CITY OR TOWN	tou	UNITY STATE	

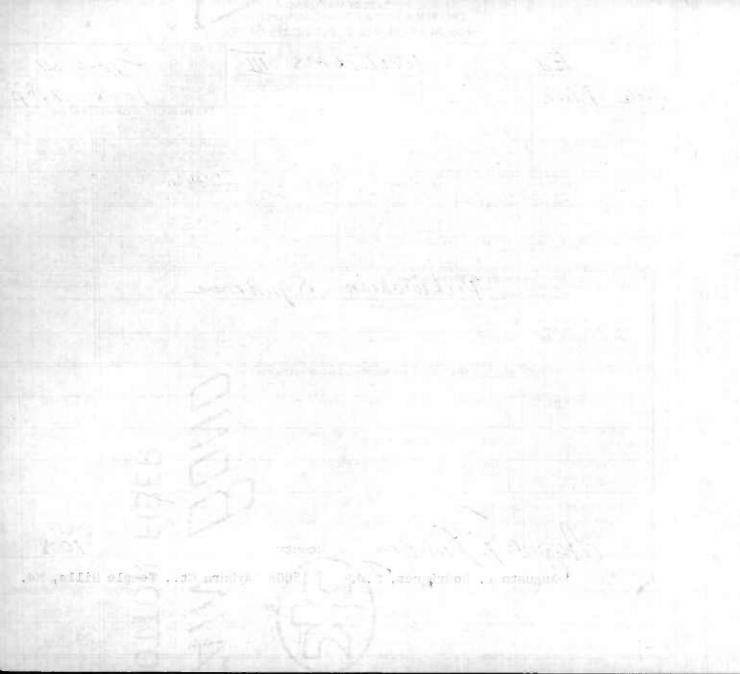
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		х		U.S.A.	Yentucky
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ssando.			williams		Mill
806 heid merrace Ft. washington, Mo	em illiw .	Jamet C	.020-727	Unkrown	Yes
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31-12	Service Control		CX	X X	
	N.				

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

(VR A15 ME (5)) 20M 4 82



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filling with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

	CEASED NAME	FIRST	MIDDLE		AST	20. DATE OF D	EATH MONTH	DAY YEAR	2b HOUR		
TYPE	OR PRINT)	PHYLL	IS M.	WILS	ON		10 18	84	11 15AM		
3 SE)	X		RACE	S. DATE (6. AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS		
	Female	100	White	QC.	E. 31, 1922	61	YRS.	MONTHS DAYS	HOURS MIN.		
	RTHPLACE (STATE OR	OREIGN 7	L CITIZEN OF WHAT	COUNTRY? 8.		9. BALTIMORE	E CITY OR COUNT	Y OF DEATH	14.7		
(Kentucky	1500	U.S.A.	MARRIE	D NEVER MARRIED DIVORCED		E GEORGES	COUNTY	MD		
10 C1	ITY OR TOWN OF DEA	ATH			OR OTHER INSTITUTION	12a. USUAL OC		126. KIND C	F BUSINESS OR		
11	CHEVE	RLY			AL HOSPITAL		sperson		n T. Pe		
USU/ 13a S	al residence (# nurs State laryland	13b COUN		SIDENCE BEFORE ADMISSION) ITY OR TOWN Verdale	136. INSIDE CITY LIMITS	? 13° STREET AC	57th	tve.2	1737		
14. F.A	Warren	٨	Wil	son	15. MOTHER'S MAIDEN	er Louis	ê [™] Landv				
	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 1.60 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1866 (YES.NOR UNKNOWN) (IF YES. GIVE WAR OR DATES) 315-18-319 Richard Wilson Annapo								damoore Md.		
	18 CAUSE OF DEAT	H (Enter onl	y one couse per line fo	or (o), (b), and (c).)	-	, 1			MATE INTERVAL ONSET AND DEATH		
	PART I. DEATH W										
	DUE TO, OR ASA CONSQUENCE ON										
	Conditions, if ony, which (b) Straw May Cally North										
gove rise to immediate couse (a), stating the underlying couse lost.											
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION	190 DATE OF OPERA	TION	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOP	IN CERTI	S, WERE FIND IT			
	21a. ACCIDENT WAS UNI	CAUSE OF DEAT	HOUR A.M. A	JRY MONTH DAY YEAR	71c. HOW INJURY OCC	CURRED (ENTER NATU	IRE OF INJURY IN ITEM 18	PART 1 OR PART ?)	Should .		
MEDICAL	21d INJURY OCCUR		21e PLACE OF IN.	JURY	211 LOCATION		CITY OR TOWN	COUNTY	STATE		
W	WHILE NOT WE AT WO	TILE RK	(AT HOME, STREET, FAC	CTORY, OFFICE, FARM, ETC.)	STREET		CHYORIOWN		SIAIC		
	sow the deceos	ed olive op-	ol) ottended the dace	19	nd that in (my) (our) opin	, to	on the date and har	19 trom the	that (I) (we) lost couses stated		
	22b. SIGNATURE	Suy	G MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE	SIGNED					
	27d. PHYSICIAN'S N	10	UN JA.		27e ADDRESS	820H .	LIUT 6	HARRY	28		
23a E	BURIAL CREMATION, (SPECIFY) Buria	removal]	10 Oct.1	984 Laken	mont Mem.	RY 234. LOCAT Gardens		P.G. sonvill	e Md.		
24 FU	UNERAL DIRECTOR	Howar	d Hale's	Lanham E	un'l.Home	DATE REC'D. BY REC	GISTRAR 256. REGIS	TRAR'S SIGNAT	TURE		
	9013 Ann	apoli	s Rd. I	anham. Mo	20706	T 2.3 100/	1/	intern- Pan	ndelle.		

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE ATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN [2b HOUR 20. DATE (TYPE OR PRINT) OF ESTI-DEATH MATED 10/21/84 Hobert Yeary 4. RACE IF UNDER SEX 5. DATE OF BIRTH AGE (IN YEARS UNDER 24 HRS DATE MONTH LAST BIRTHDAYS PRONOUNCED 10/22/84 DEAD Male White 1921 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED T DIVORCED Prince George's County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Watch Maker OR INDUSTRY Jewelerv 21122 Aquasco Road Aquasco SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY Lee 30. Vîrginia Jonesville 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Box 283A NO A YES [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hobert Yearv. Mattie Harris 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 199 Spruce Lane (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 223-26-4888 Herl Yeary CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning MENTAL HYGIEN N. OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DIVISION OF WITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T 10. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX DRWARDED TO THE OFFICE STATE DEPARTMENT OF STATE DEPARTMENT OF STATE DEPARTMENT OF STATE OFFICE STATE OF STATE OF STATE OFFICE STATE OF STATE OFFICE NO 21a EXTERNAL CAUSE WAS 2 Tb. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING YOR CONTRIBUTING CAUSE OF DEATH 10/22/ 1984 P.M. subject drowned 21e PLACE OF INJURY (AT HOME 21f LOCATION 21d INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN PAGE 4 SHOULD BE FORWARDI TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE D BATTIMORE, MARMAND, 21201 21122 Aquasco Rd Pond Pr.Geo. Acuasco Autopsy X 220 I certify that I took charge of the remains described above, held on and in my opinion death resulted from: Homicide L Undetermined monner TITLE (SPECIFY) ACTUAL 10/23/84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory & Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY 10-26-84 Burial Lee Memorial Gardens Pennington Gap 24 FUNERAL DIRECTOR **DHMH - 17** Marzullo Funeral Service VR' A15 ME (5)) Reisterstown Md. 20M 4/82

ATHS KOM W. TH

Touch at the Market

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STATE OF MARYLAND

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W W	INJURY OCCURRE			OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	0.11	CHAO	OR TOWN	COUNT	Y	STATE
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23a BURI	AL, CREMATION, RI		23b. DATE	736 1		CEMETERY OR CREMAT	ORY	CITY OF TOWN		COUNTY		STATE

DHMH - 16 50M 4/83

etoined by the hospital or

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in the should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be the

should be detached far use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

injury, or other froumotic event, th

(VRA 15, 4)

Burial
24 FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

Oct.19,1984 Maryland Veterans Cem | Cheltenham

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